

Positive Child Guidance Plan

Child's Name: _____ Age: _____ Date: _____

People Present: _____

Protective Factor	Strengths	Goals	Strategies	Date to Review
Attachment / Relationships	Home:	Home:	Home:	
	Care Setting:	Care Setting:	Care Setting:	
Initiative	Home:	Home:	Home:	
	Care Setting:	Care Setting:	Care Setting:	
Self-Regulation	Home:	Home:	Home:	
	Care Setting:	Care Setting:	Care Setting:	

Additional Comments / Follow-Up: _____

_____ Date of Next Meeting: _____