

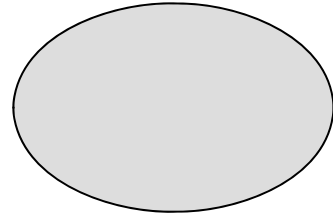
DECA Planning Form

Focus:

Program: _____ Child: _____

Team: _____

Date: _____



Strengths		
Goals / Needs		
Strategies		
Who will do this:	When will it be done:	How will this fit into the planning process or daily routine:
When will we review and adjust:		