

Raleigh Care Ltd

CARE PLAN

Name of young person _____

Date of Admission. _____

Dates of reviews.....

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Social Worker.....

Telephone number.....

Social Work Supervisor

Telephone number.....

Legal Status.....

Date of relevant order.....

Key worker.....

Teacher.....

Date of current Care Plan.....

Date of review of Care Plan.....

Name.....

Area of behaviour.....

Brief Background

Aims

Action Steps

Noted Changes

Action Steps Aims

Aims

Noted Changes

Action Steps