# **Family Action Planning Form**

*This form was developed by the National Center on Deaf-Blindness for state deaf-blind projects to use as part of family technical assistance. Replace with your own logo and disclaimer and adapt as needed for your project.*

**Date:**

**Name of child:**

**DOB:**

**Preferred family contact -** name, email, phone

**Name of other family members involved in TA:**

| **TA Topic** | **Action Step (e.g., task to be completed or strategy implemented)** | **Person Responsible** | **Start Date** | **Target Date** | **Completion code** | **Comments** |
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**Common TA topics (can be used for the first column):**

Deaf-blindness and communication

Supports and services

Community living

Impact of deaf-blindness on the family

**Start Date** – date person responsible will begin working on the action step

**Target Date** – date action step will be completed

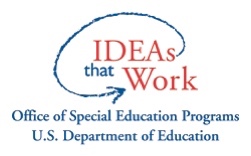
**Completion Codes:**

1= Not implemented

2= Initiated

3= Partially implemented

4= Fully implemented

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