



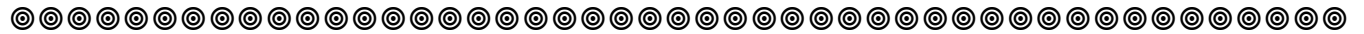
The Ark Family Preservation Center  
Interactive Parent Training/ Supervised Visitation/ Monitored Visitation  
**INDIVIDUAL SERVICE PLAN**  
**CHILD WELFARE**

**PLEASE PRINT**

Date: \_\_\_\_\_

Child(ren) Name(s) approved for visiting noncustodial parents:

\_\_\_\_\_



**Summary of Information gathered on NON-CUSTODIAL PARENTS from initial assessment**

1. Supports and Resources: \_\_\_\_\_
2. Employment: \_\_\_\_\_
3. Overall Health: \_\_\_\_\_
4. Parenting Capacity and Skills: \_\_\_\_\_
5. Financial Conditions: \_\_\_\_\_
6. Housing and Living Conditions: \_\_\_\_\_
7. Transportation: \_\_\_\_\_
8. Coping Skills: \_\_\_\_\_

**Based on the Initial Assessment, list the service needs and desired goals for the family**

1. What changes are needed? \_\_\_\_\_
2. How much change is needed? \_\_\_\_\_
3. What will the family do to make the changes? \_\_\_\_\_
4. What services and supports are needed? \_\_\_\_\_
5. Who will provide them? \_\_\_\_\_
6. How will progress be assessed? \_\_\_\_\_

**S.M.A.R.T. Goals for the family: (S=Specific M=Measurable A=Attainable R=Realistic T=Time-phased)**

1. Goal # 1 \_\_\_\_\_
2. Goal # 2 \_\_\_\_\_
3. Goal # 3 \_\_\_\_\_
4. Goal # 4 \_\_\_\_\_
5. Goal # 5 \_\_\_\_\_
6. Goal # 6 \_\_\_\_\_

**Visitation Schedule (dates, times, duration):** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Non-Custodial Parent**

\_\_\_\_\_  
**Date**