



TRANSITION PLAN



YOUR NAME _____ DATE _____

REFLECTION

What has helped you reach your goals? How did you and the team complete the Team Mission? What worked best? What have you learned?

SUPPORTS

Who will be here to help you after wraparound?

CRISIS/SAFETY PLANNING

What will you do in the event of crisis? Do you have any changes you want to make to the current crisis plan? Share with the team.





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BACKUP PLANNING

Who would you want on your planning team? How will they know if they should meet?

CELEBRATING

How will this team celebrate success?

