

St. Clair County Community Mental Health
Wraparound Graduation Summary

Individual: _____ Case #: _____

Date of Graduation: _____

STRENGTHS AND PROGRESS RELATED TO AREAS OF NEED:

OUTCOMES TOWARDS PROGRESS

Goal:

Outcome:

Goal:

Outcome:

SUMMARY (Include Services & Supports the family will continue to use and contact information for future support)

A copy of the Current Support Plan has been attached: Yes No

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Wraparound Coordinator Signature

Date

Coordinator Supervisor Signature

Date