



# PSII FORM

Individualized Intersectoral Service Plan

**ALL TOGETHER!** for: \_\_\_\_\_

PSI	<input type="checkbox"/>	review	<input type="checkbox"/>
PSII	<input type="checkbox"/>	review	<input type="checkbox"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

## Information about my child

Last name:		First name:		Date of birth:	
Place of residence:					
Parent's name:			Parent's name:		
Address:			Address:		
Tel.:			Tel.:		
Email:			Email:		
If legal tutor, name:			Other, name (indicate relationship):		
Address:			Address:		
Tel.:			Tel.:		
Email:			Email:		

Current situation	My child's strengths/interests/dreams	Situation you are hoping for
Essential information to be shared:		

Main objective:

For this, we should work *together* to respond to these **needs**:

(Several actions and partners can be associated with the same need.)

**Needs related to:**

*Their development and physical health*

*Their emotional and behavioural development*

*Their identity*

*Their family and social relationships*

*Their education – learning*

Your child's <b>NEEDS</b>	Objective – Situation you are hoping for	Means, actions, resources or services	By whom?	Timeframe	Revision
					<input type="checkbox"/> Reached <input type="checkbox"/> In progress <input type="checkbox"/> To be modified
					<input type="checkbox"/> Reached <input type="checkbox"/> In progress <input type="checkbox"/> To be modified
					<input type="checkbox"/> Reached <input type="checkbox"/> In progress <input type="checkbox"/> To be modified

**PSII Coordinator**

Name:

Organization:

Telephone:

Email:

**Participants**

Names of people present	Organization or relationship with the child (and role within the PSII process)	Contact information	Signature	
			INITIAL PSII	REVISED PSII
	(Parent or legal tutor)			
	(Parent or legal tutor)			
	(Child aged 14 or +)			
	(Support worker for the family)			
	(PSII Coordinator)			

Participants				
Names of people present	Organization or relationship with the child (and role within the PSII process)	Contact information	Signature	
			INITIAL PSII	REVISED PSII

**Planned review date:**

**Preferred means of communication for PSII follow-up:**

**Comments:**

## APPENDIX – Revision of the PSII involving changes

NEED and OBJECTIVE stated in the initial PSII	Change made	Means, actions, resources or services (maintained or revised)	By whom? (maintained or revised)	Timeframe (maintained or revised)

<b>General comments</b>
<p><b>*If the PSII requires several revisions, reproduce the relevant tables</b> (including the names of the people present and signatures) <b>or use a new form and clearly indicate how the forms relate to each other.</b></p>