
 <p>Queensland Government</p>	<b>HEALTH SERVICE DISTRICT</b>		<p><b>PLEASE AFFIX CLIENT LABEL HERE</b></p> <p>Family Name: _____ URN: _____</p> <p>Given Names: _____</p> <p>Date of Birth: ____ / ____ / ____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Attendees: _____</p>	
	<b>CHILD DEVELOPMENT SERVICE</b>			
<b>GOAL-SETTING PROFORMA – CHILD</b>				
Date:				
Case Coordinator:				
Negotiated Goal/s	Goal Priority	Guardian rating 1=Unable 10 = Proficient	Initial	Review

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<p>Negotiated Goal/s</p>	<p>Goal Priority</p>	<p>Guardian rating 1=Unable 10 = Proficient</p>	<p>Initial</p>	<p>Review</p>	<p>Agreed Plan</p>
<p>I (We) _____ (guardian) have actively participated in developing the above plan for my (our) child _____. I (We) commit to:</p> <p><input type="checkbox"/> Bringing my/our child for all appointments</p> <p><input type="checkbox"/> Completing all set home program activities</p> <p>Signed: _____ Date: _____</p> <p>Witness: _____ Date: _____</p>					