
**NY FAMILY ASSESSMENT RESPONSE (FAR)
FAMILY PLAN WORKSHEET**

FAMILY NAME: _____

WORKER NAME: _____

DATE: _____

Together, we will track our progress for 60 days to help identify our successes and continuing needs. One copy is for your family, one copy for your FAR worker. We will use this plan to help us get started, to keep track of how we're doing, and to know when we're ready to finish our work together. This is our FAR Plan for making things better for your whole family.

| The way we'd like it to be for our family: (what you'd like to be different from what it is now) | How we're going to get there: (who is going to do what, when) | What it will look like when we get there: (describe what 'better' looks like compared to now) | When will we get there? (by what date?) |
|---|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |