St. Clair County Community Mental Health Authority

Wraparound Graduation Summary

Individual:	Case #:	<u>-</u>
Date of Graduation:		
Date of Graduation.		-
STRENGTHS AND PROGRESS RELATED TO AREAS OF NEED:		
OUTCOMES TOWARDS PROGRESS		
Goal:		
Outcome:		
Goal:		
Outcome:		

Clinical Form: #03-0339 Revised Date: 3/1/2023

EHR: Services, Wraparound Note: Graduation Summary

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	

Clinical Form: #03-0339 Revised Date: 3/1/2023

EHR: Services, Wraparound Note: Graduation Summary