

R.O.C.K. Meeting Minutes

(complete each time treatment team
meets for placement retention)

Child's Name: _____

Date: _____

Participants: _____

Circumstances warranting R.O.C.K. meeting: _____

Efforts to prevent placement disruptions: _____

Placement Stability Plan:

1. Planned Action: _____
Responsible Party: _____
Target Date: _____

2. Planned Action: _____
Responsible Party: _____
Target Date: _____

3. Planned Action: _____
Responsible Party: _____
Target Date: _____

4. Planned Action: _____
Responsible Party: _____
Target Date: _____

Attach ROCK Meeting Signature Page