## Department of Social Services Team Decision Making (TDM) Meeting Data 90 Day PROGRESS Form

DATE OF IDM:	
Name of Youth:	DOB:
SOCIAL WORKER:	SUPERVISOR:
<b>Action Steps Discussed at TDM:</b>	
Placement Options Discussed:	
Progress of Plan (to include Action Steps	s Completed and Progress of Needs Identified)
110g1ess of Fun (to metade rection step)	S Completed and 11051ess of 11ceus facilityed)
<b>Current Plan for Youth (including Time</b>	elines)