**Coordination**

1. **Who serves on the local team (mark all that apply)?**
   * Judge
   * Attorney for parent
   * Attorney for county child welfare agency
   * Attorney for GAL Program
   * County child welfare agency director
   * County child welfare agency employee
   * Foster parent
   * Relative caretaker
   * GAL staff
   * GAL volunteer
   * Clerk of Court
   * Parent
   * Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Was a committee meeting held this quarter? Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_**

* Yes

1. Who attended the meeting (mark all that apply)?
   * Judge
   * Attorney for parent
   * Attorney for county child welfare agency
   * Attorney for GAL Program
   * County child welfare agency director
   * County child welfare agency employee
   * Foster parent
   * Relative caretaker
   * GAL staff
   * GAL volunteer
   * Clerk of Court
   * Parent
   * Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* No

**If no, describe the barriers to holding this quarter’s permanency collaboration meeting. If barriers were identified, describe possible strategies for overcoming them for future meetings.**

**Permanency Performance Action Plan**

1. **What is the identified priority for your district?**

* Notice to resource parents
* Timely establishment of case goals
* Concurrent planning
* Permanency
* Timely TPR actions
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe how your District Permanency Collaborative is addressing this priority.** (This must include a review of the Permanency Performance Profile.)
2. **What new tasks and/or approaches were identified to address?**
3. **What successes have been achieved in addressing the identified priority?**
4. **What barriers and/or challenges to addressing your identified priority were recorded?**
5. **What roles and responsibilities were assigned as a part of your collaborative work?** (Please specify.)
6. **What challenges/experiences did the group face in assigning roles & responsibilities?**
7. **Describe any changes made this quarter that affect the Permanency Performance Action Plan.** (These could be staffing changes, legislative changes, policy changes, etc.)
8. **Did you encounter any challenges in populating your Permanency Performance Profile this quarter?** (The Profile must be attached to this tool upon submission.)

* **No**
* **Yes Please describe.**

1. **Does your District Permanency Collaborative have a signed MOA?**

* **No**
* **Yes Date signed: \_\_\_\_\_\_\_\_\_\_\_**

1. **Please provide any other information you think the North Carolina Division of Social Services and/or North Carolina Administrative Office of the Courts should know. Include ways that NC DSS & AOC can support your district’s efforts.**