**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.**