Name		Samaritans	3.12D Individual Planning QUARTERLY REVIEW	_____ **Month and Year**
Address				_____ *Key Worker*
_____ Date IP Commenced	_____YEAR_ Insert current year / IP year #			_____ *Senior Worker/Programmer*

OBJECTIVE & STRATEGY (use one line for each strategy)	Objective and Strategy being met within timeframes (please circle)		Change has occurred Revision of IP required? (please circle)		Proposed Actions please tick ✓				Documentation			Reviewed with service user (please tick) ✓
					Continue with current strategies and timelines	Revise Objective Or Goal	Revise strategies and timeframes	IP Review meeting required	Documentation Type IPPN, Log, T.A.	Documentation reviewed		
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	
	YES	NO	YES	NO						YES	NO	