

Positive Childhood Experiences (PCE) – Adolescent Care Plan

Adolescent Name: [_____]

Date of Birth: [_____]

Date Created: [_____]

Care Coordinator: [_____]

1. Strengths & Interests Profile

| Area | Fillable Field |

|-----|-----|

| Personal strengths | [_____]|

| Hobbies/interests | [_____]|

| Cultural/faith connections |
[_____]|

| Supportive relationships | [_____]|

2. PCE Domains & Goals

| PCE Domain | Goal | Action Steps | Responsible Person(s) | Timeline | Progress Notes |

|-----|-----|-----|-----|-----|-----|

| Supportive Relationships | ☐ | ☐ | [_____] |

| Safe & Stable Environments | ☐ | ☐ | [_____] |

| Opportunities for Engagement & Mastery | ☐ | ☐ | [_____] |

| Emotional Validation & Voice | ☐ | ☐ | [_____] |

| Connection to Culture & Community | ☐ | ☐ | [_____] |

3. Well-Being & Resilience Tracking

| Indicator | Baseline | Target | Review Date | Progress |

|-----|-----|-----|-----|-----|

| Sense of belonging (1–10) | ☐ | ☐ | ☐ | ☐ |

| Positive adult connections | ☐ | ☐ | ☐ | ☐ |

| Meaningful activities/week | ☐ | ☐ | ☐ | ☐ |

| Emotional regulation skills | ☐ | ☐ | ☐ | ☐ |

4. Family & Caregiver Engagement Plan

- Support Actions: [_____]
- Resources Provided: [_____]
- Follow-Up Schedule: [_____]

5. Review & Adjustments

- Review Date: [_____]
- Changes Made: [_____]
- Next Steps: [_____]