



# Connecting with Families

Engaging Families to support the mental and behavioral health of children

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have identified the following skills I am committed to developing or strengthening to improve my interactions with families in support of their child's behavioral and mental health.

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My plan for action to strengthen my skills (list specific actions you will take and include a timeline for you to accomplish your plan)

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**THE OHIO STATE UNIVERSITY**



**NAMI Ohio**

National Alliance on Mental Illness The State's Voice on Mental Illness

