

Parent/Caregiver Evaluation of the Child and Family Team Meeting

Date: _____ Family Name: _____

Please circle the number that most closely matches how much you agree with each of the following statements.

| | <u>Strongly Disagree</u> | | | | <u>Strongly Agree</u> |
|--|--------------------------|---|---|---|-----------------------|
| 1. All the important people in my life have been invited to be a part of our child and family team | 1 | 2 | 3 | 4 | 5 |
| 2. The meetings have been scheduled at times which are convenient for me and my family members | 1 | 2 | 3 | 4 | 5 |
| 3. My family's needs and goals are the primary focus at each team meeting | 1 | 2 | 3 | 4 | 5 |
| 4. I feel comfortable discussing my family situation and addressing my concerns in front of all team members | 1 | 2 | 3 | 4 | 5 |
| 5. I am in agreement with all the goals identified in my child's Plan of Care | 1 | 2 | 3 | 4 | 5 |
| 6. I feel the Plan of Care is realistic and workable for my family | 1 | 2 | 3 | 4 | 5 |
| 7. I feel supported and respected by all team members | 1 | 2 | 3 | 4 | 5 |
| 8. My child's/family's values and beliefs are addressed and supported by all team members | 1 | 2 | 3 | 4 | 5 |

Additional Comments:

Do not fill in the section below this line

Concerns identified by this evaluation:

Person responsible for addressing concerns:

1) _____

2) _____

3) _____
