

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) _____	_____