

Youth 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 my child and family team	1	2	3	4	5
2. The meetings have been scheduled at times that are good for me	1	2	3	4	5
3. My family's needs and goals are the main topic of discussion at each team meeting	1	2	3	4	5
4. I feel comfortable discussing my concerns in front of all team members	1	2	3	4	5
5. I agree with all the goals identified in my Plan of Care	1	2	3	4	5
6. I feel it is possible for me and my family to accomplish the goals listed in my Plan of Care	1	2	3	4	5
7. All team members support the things that are really important to me	1	2	3	4	5
8. I think being involved with this project has helped/will help me work towards positive change in my life	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) _____	_____