

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF FAMILY & CHILDREN SERVICES



FAMILY TEAM MEETING FACILITATION

TRAINING AND FIELD PRACTICE GUIDE

Revised September 2009



Field Practice Activities to be completed with Mentor

Trainee's Name _____

1. Family Team Meeting Preparation Interview (Observation) p. 3

Date completed _____ Mentor's Signature _____

2. Trainee Conducted Family Team Meeting Preparation Interview,
Coach/Mentor Observation p. 14

Date completed _____ Mentor's Signature _____

3. Family Team Meeting Trainee Co-Facilitation p. 25

Date completed _____ Mentor's Signature _____

4. Family Team Meeting Facilitation Practice
(Prior to observation by FTM Trainer for approval as facilitator) p. 37

Date completed _____ Mentor's Signature _____

Note: After completing all field practice activities and meeting expectations for competency, schedule FTM for State Trainer to observe for approval. Some trainees may need to repeat activities with a mentor to achieve competency.

Approval Determination Process

Family Team Meeting Trainee Facilitation p. 43
(observation by trainer for approval determination)

Date completed _____ Trainer's Signature _____

Family Team Meeting Preparation Interview (Observation)

| | |
|----------------|--|
| Purpose | The purpose of this activity is to provide an opportunity for the trainee to observe, identify and apply the interviewing skills learned in FTM Facilitator classroom training. |
| Mentor | <p>Arrange for the trainee to observe and assist you or an experienced FTM Facilitator or CM as you meet with families to prepare for the FTMs.</p> <ul style="list-style-type: none"> • With trainee, meet with CM for summary of DFCS involvement with family. • Review Preparation interview stages with trainee. Discuss which parts of the interview he/she will handle. As trainee has more experience, he/she should increase participation. • Select cases that will expose the trainee to all types of FTMs. • Meet with the trainee after the interview to discuss the activity worksheet and complete the sign off at the bottom. If the trainee observed an experienced facilitator/CM, it will be important to obtain their input regarding the accuracy of the information recorded. |
| Trainee | <p>Complete Activity Worksheets for Family Preparation Interview</p> <ul style="list-style-type: none"> • You may refer to your <u>FTM Facilitator training Guide</u> • The gathering of information may be completed in conjunction with other field activities. • If you identified particular skills you noted in your journal that were challenging, review material and discuss with mentor. • Complete the FAMILY TEAM MEETING: Preparation Interview/CFSR Worksheet during your observation of the interview. |

Preparation Interview

The trainee has completed all the worksheets, demonstrated satisfactory comprehension of the subject and received feedback from the mentor.

Trainee

Date

Mentor

Date

Interview Worksheet

| | |
|----|---|
| 1. | Describe specific examples of how the interviewer engaged the interviewee. |
| 2. | Describe specific examples of how the interviewer demonstrated active listening. |
| 3. | Describe specific examples of how the interviewer demonstrated Interpersonal Helping Skills: Respect: Genuineness: Empathy: |
| 4. | How long did the interview last? |
| 5. | Solution-focused questions provide a format to empower parents to identify their own strengths and resources that can be utilized in resolving the situation or changing an attitude. Solution-focused questions are: coping, relationship, exception-seeking, scaling, and miracle. Record and identify type(s) of solution-focused question(s) used during the interview. If no solution-focused question was utilized during the interview, write a solution-focused question that could have effectively been asked during the interview observed. |

Interview Worksheet

6. An empathic response is actively listening and then communicating the correct perception about another person's experience. Describe a specific example of an empathic response given during the interview.

If no empathic response was utilized during the interview, write an empathic response that could have effectively been given during the interview observed.

7. Describe a specific example of how summarization was utilized during the interview: pulled information together and made connections, obtained clarity and focused discussion, transferred the direction of the interview, reviewed progress of interview, or reviewed and discussed next steps.

If no summarization was utilized during the interview, write a summary that could have effectively been given during the interview observed.

8. If anger occurred, what behaviors indicated the occurrence and how was the situation handled? Give examples.

9. The preparation interview is an opportunity to engage the family and involve the family's informal support network in the FTM process. Describe how the interviewer accomplished this.

If the family did not appear to be engaged and chose not to involve any of the family's informal support people, suggest a strategy that could have effectively been used during the interview observed.

Interview Worksheet

10. Was the FTM Release of Information explained, in a way that the parent(s) clearly understood? Was the FTM ROI signed during the interview? If not, why not?

Comments:

FAMILY TEAM MEETING: Preparation Interview/CFSR Worksheet

Family Name:

List everyone Present at Preparation Interview:

Preparation Interview Date: _____

Preparation Interview Location: _____

Who conducted Preparation Interview (e.g., Case Manager, Facilitator)?

PREPARATION INTERVIEW STAGES

1. **EXPLAIN FTM PROCESS.** Give parent FTM Brochure. Explain “This is a different kind of meeting”. Emphasize the family’s role in the FTM, and that FTMs are “solution focused” and “strengths based”. **COMMENTS:**

2. **EXPLAIN MEETING OUTCOME** (e.g., creating Family Plan) and how family drives this process. **COMMENTS**

3. **FAMILY PURPOSE.** Ask “In addition to <formal outcome>, what would YOU like to have happen as a result of this meeting?” COMMENTS:

4. **EXPLAIN ROLE OF FACILITATOR AND CO-FACILITATOR.** For example, “My role as ‘facilitator’ is to help you, your family, and everyone in the room feel safe and valued, and be an active part of the process.” COMMENTS:

5. **DESCRIBE AND LISTEN TO FAMILY STORY:** For example, “What brought you here today? What brought DFCS into your life?” COMMENTS:

6. **IDENTIFY STRENGTHS.** Sample questions: “What do you see as your strengths? What do other people praise you for? What do they say they like about you? What do you do with your child that makes him/her smile or laugh?” COMMENTS:

7. **IDENTIFY NEEDS.** Sample questions: “What issues or concerns do you have now? Are there areas of your life you’d like help with? “

8. EXPLAIN SAFETY/RISK FACTORS AND AGENCY “NON-NEGOTIABLES.
.Explain (1) what a agency “non-negotiable” is, and then (2) explain all Safety/Risk Factors and all agency “non-negotiable” needs that must be part of the FTM planning or decision making process. Emphasize role of Facilitator is to keep FTM solution focused and avoid “blaming”. **If Safety/Risk Factors have been successfully addressed by family, LIST BELOW how family did this.** COMMENTS:

9. IDENTIFY WHO THE FAMILY WANTS TO BE PART OF FTM. Sample questions: “Who are the people who care about you and your family? Who do you turn to for help? Who could help you meet YOUR goals for the meeting?” **LIST ALL INVITEES,** COMMENTS:

FTM can help the family meet THEIR goals. **LIST ALL INVITEES,**
COMMENTS:

12. **FATHER'S INVOLVEMENT.** If father is not part of Preparation Interview, document reasons and how their perspective will be solicited for FTM.

13. **IDENTIFY ANY POTENTIAL CONFLICTS IN FTM.** Sample question: "Now that we've discussed and agreed on why we're having an FTM, and who will be there, can you think of any conflict that might be there with these folks together in the room?" COMMENTS:

14. **EXPLAIN HIPAA RELEASE FORM AND HAVE FAMILY SIGN.** Be sure to build value here, explaining how discussing these “Protected Health Information (PHI)” issues is critical to the family achieving THEIR goals more quickly.

HIPAA Release Form Signed YES NO

If “no”, please explain:

15. **AGREE ON FTM TIME AND PLACE. COMMENTS:**

16. **OTHER COMMENTS, OBSERVATIONS FROM PREP INTERVIEW:**

Trainee Conducted Family Team Meeting Preparation Interview Coach/Mentor Observation

| | |
|----------------|---|
| Purpose | The purpose of this activity is to provide an opportunity for the trainee to demonstrate identifying and applying the preparation interviewing skills learned in FTM Facilitator classroom training and during observation as part of the field practice. |
| Mentor | <ul style="list-style-type: none"> • Arrange for the trainee to conduct the Preparation Interview with a family that will have an FTM. • Meet with CM for summary of DFCS involvement with family. • Review CFSR Preparation Worksheet with trainee. • Select cases that will expose the trainee to all types of FTMs. • Meet with the trainee after the interview to debrief, complete and discuss the activity worksheet and complete the sign off at the bottom. |
| Trainee | <ul style="list-style-type: none"> • You may refer to your <u>FTM Facilitator Training Guide</u> • Independently complete a Preparation Interview with a Coach/Mentor or a trained and experienced facilitator. • Complete the Preparation Interview Worksheet during the interview. • Meet with coach/mentor for input and recommendations for improvements • If you identified particular skills you noted in your journal that were challenging, review material and discuss with mentor. |

Trainee Completed Preparation Interview

The trainee has completed all the worksheets, demonstrated satisfactory comprehension of the subject and received feedback from the mentor.

Trainee _____

Date _____

Mentor _____

Date _____

Interview Worksheet

11. Describe specific examples of how the trainee engaged the interviewee.

12. Describe specific examples of how the trainee demonstrated active listening.

13. Describe specific examples of how the trainee demonstrated Interpersonal Helping Skills:

Respect:

Genuineness:

Empathy:

14. How long did the interview last?

15. Solution-focused questions provide a format to empower parents to identify their own strengths and resources that can be utilized in resolving the situation or changing an attitude. Solution-focused questions are: coping, relationship, exception-seeking, scaling, and miracle. Record and identify type(s) of solution-focused question(s) used during the interview.

If no solution-focused question was utilized during the interview, write a solution-focused question that could have effectively been asked during the interview observed ask what questions could have been used.

Interview Worksheet

16. An empathic response is actively listening and then communicating the correct perception about another person's experience. Describe a specific example of an empathic response given during the interview.

If no empathic response was utilized during the interview, ask what empathic response could have effectively been given during the interview observed.

17. Describe a specific example of how summarization was utilized during the interview: pulled information together and made connections, obtained clarity and focused discussion, transferred the direction of the interview, reviewed progress of interview, or reviewed and discussed next steps.

If no summarization was utilized during the interview, ask the trainee to write a summary that could have effectively been given during the interview observed.

18. If anger occurred, what behaviors indicated the occurrence and how was the situation handled? Give examples.

19. The preparation interview is an opportunity to engage the family and involve the family's informal support network in the FTM process. Describe how the trainee accomplished this.

If the family did not appear to be engaged and chose not to involve any of the family's informal support people, did the trainee use a strategy that could have effectively been used during the interview observed?

Yes

No

Interview Worksheet

- | | |
|-----|---|
| 20. | The FTM Release of Information with HIPAA clause was signed, each stage of the FTM was explained, conflicts were identified and addressed, and supports were named as FTM participants. |
|-----|---|
-

FAMILY TEAM MEETING: Preparation Interview/CFSR Worksheet

Family Name:

List everyone Present at Preparation Interview:

Preparation Interview Date: _____

Preparation Interview Location: _____

Who conducted Preparation Interview (e.g., Case Manager, Facilitator)?

PREPARATION INTERVIEW STAGES

17. EXPLAIN FTM PROCESS. Give parent FTM Brochure. Explain “This is a different kind of meeting”. Emphasize the family’s role in the FTM, and that FTMs are “solution focused” and “strengths based”. **COMMENTS:**

18. EXPLAIN MEETING OUTCOME (e.g., creating Family Plan) and how family drives this process. **COMMENTS**

19. **FAMILY PURPOSE.** Ask “In addition to <formal outcome>, what would YOU like to have happen as a result of this meeting?” COMMENTS:

20. **EXPLAIN ROLE OF FACILITATOR AND CO-FACILITATOR.** For example, “My role as ‘facilitator’ is to help you, your family, and everyone in the room feel safe and valued, and be an active part of the process.” COMMENTS:

21. **DESCRIBE AND LISTEN TO FAMILY STORY:** For example, “What brought you here today? What brought DFCS into your life?” COMMENTS:

22. **IDENTIFY STRENGTHS.** Sample questions: “What do you see as your strengths? What do other people praise you for? What do they say they like about you? What do you do with your child that makes him/her smile or laugh?” COMMENTS:

23. **IDENTIFY NEEDS.** Sample questions: “What issues or concerns do you have now? Are there areas of your life you’d like help with? “

24. **EXPLAIN SAFETY/RISK FACTORS AND AGENCY “NON-NEGOTIABLES.**
.Explain (1) what an agency “non-negotiable” is, and then (2) explain all Safety/Risk Factors and all agency “non-negotiable” needs that must be part of the FTM planning or decision making process. Emphasize role of Facilitator is to keep FTM solution focused and avoid “blaming”. **If Safety/Risk Factors have been successfully addressed by family, LIST BELOW how family did this.** COMMENTS:

25. **IDENTIFY WHO THE FAMILY WANTS TO BE PART OF FTM.** Sample questions: “Who are the people who care about you and your family? Who do you turn to for help? Who could help you meet YOUR goals for the meeting?” **LIST ALL INVITEES,** COMMENTS:

27. IDENTIFY OTHER FTM PARTICIPANTS, COME TO AGREEMENT. Explain who needs to be part of the FTM from a DFCS perspective, and come to agreement. Be sure and discuss how having these formal resources in the FTM can help the family meet THEIR goals. **LIST ALL INVITEES, COMMENTS:**

28. FATHER'S INVOLVEMENT. If father is not part of Preparation Interview, document reasons and how their perspective will be solicited for FTM.

29. IDENTIFY ANY POTENTIAL CONFLICTS IN FTM. Sample question: “Now that we’ve discussed and agreed on why we’re having an FTM, and who will be there, can you think of any conflict that might be there with these folks together in the room?” **COMMENTS:**

30. EXPLAIN HIPAA RELEASE FORM AND HAVE FAMILY SIGN. Be sure to build value here, explaining how discussing these “Protected Health Information (PHI)” issues is critical to the family achieving THEIR goals more quickly.

HIPAA Release Form Signed YES NO

If “no”, please explain:

31. AGREE ON FTM TIME AND PLACE. COMMENTS:

32. OTHER COMMENTS, OBSERVATIONS FROM PREP INTERVIEW:

Family Team Meeting Trainee Co-Facilitation

| | |
|----------------|---|
| Purpose | The purpose of this activity is to provide an opportunity for the trainee to co-facilitate and observe facilitation of an FTM. |
| Mentor | <ul style="list-style-type: none"> • Arrange for the trainee to co-facilitate one of your FTMs. • Review co-facilitator expectations in the FTM Participants Guide with the Trainee. • Debrief the FTM with Trainee and staff participating in the meeting. • Review completed FTM Summary (Trainee will complete) and critique. • Provide positive feedback for noted strengths of the Trainee and suggestions for improvement and complete the Coach/Mentor/Trainer Observation of Trainee Co-facilitation Skills form. • Document any areas of needed improvements on the Co-facilitation Mentor Observation form. • Complete and sign this form. |
| Trainee | <ul style="list-style-type: none"> • You may refer to your <u>FTM Facilitator Training Guide</u> • Participate in the FTM debriefing with the facilitator and staff participating in the FTM. • Complete the Field Practice Family Team Meeting Trainee Observation Activity Worksheet • Electronically complete and attach the FTM Summary form. • Meet with Facilitator to discuss completed FTM Summary and to receive feedback. • If you identified particular skills you noted in your journal that were challenging, review material and discuss with mentor. |

Trainee Completed FTM Co-facilitation

The trainee has completed all the worksheets, demonstrated satisfactory comprehension of the subject and received feedback from the mentor.

Trainee

Date

Mentor

Date

**Field Practice (Trainee Completes)
Family Team Meeting Trainee Observation Activity Worksheet**

County _____ Location of FTM: _____

Name and title/affiliation of FTM Facilitator:

Name and title/affiliation of FTM Co-Facilitator:

Length of FTM: _____

SECTION I. PARTICIPANTS

1. Total number of participants in FTM: _____

2. Types of FTM participants (check *all* that apply):

Female head of family

Male head of family

Minor children (Number & approx. age(s): _____)

Children age 18 or older (Number & approx. age(s): _____)

Extended family members (number & type(s): _____)

Family friends/ neighbors/ other members of social support network
(number & type(s): _____)

FTM Facilitator

FTM Co-Facilitator

CPS worker(s)/DFCS staff: (Number and titles): _____)

Other social service providers (number and type(s): _____)

Neighborhood leader(s) (number and description: _____)

SECTION II. FTM COMPONENTS

3. Which of the following activities were undertaken in the meeting? (Check *all* that apply)

- Welcome and team member introductions
- Explanation of FTM purpose and philosophy
- Discussion of outcomes for the meeting
- Discussion of “non-negotiables”, confidentiality, mandated reporting requirements
- Ground rules for the FTM are created and agreed to by the Team
- Family story
- Discussion of strengths for key family members
- Discussion of family needs and agency/legal non-negotiables
- Development of the Family/Case Plan OR decision made
- Assessing “what can go wrong”
- Next steps and closing

4. Prior to the conclusion of the meeting, did the Facilitator ask the family whether the needs/concerns they wanted addressed had, in fact, been addressed? Yes No

Notes and comments:

SECTION III. PARTICIPANT INVOLVEMENT

5. Describe the ways in which the family was involved in shaping the FTM (e.g., presenting needs and strengths; requesting information on services; developing plans for action; etc.): _____

6. Describe the ways in which the family’s social support network was involved in shaping the FTM (e.g., presenting family strengths; proposing the role they might play in the plan of action; etc):

7. Describe the ways in which the FTM Facilitator/Co-Facilitator was involved in shaping the FTM (e.g., steering the conversation toward priority issues; summarizing decisions reached; etc):

8. Describe the ways in which other service providers were involved in shaping the FTM (e.g., recognizing family needs; offering services; etc) :

SECTION IV: STAKEHOLDER ROLES

(Check box that best describes)

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A. Role of family members

Family members are minimally involved in presenting and discussing their needs, challenges, strengths

Family members are disengaged during the meeting

Family members are actively involved in presenting and discussing their needs, challenges, strengths

Family members are actively engaged throughout the meeting

B. Role of family's social support network

Social support network members are minimally involved in presenting and discussing family needs, challenges, strengths

Social support network members are disengaged during the meeting

Social support network members are actively involved in presenting and discussing family needs, challenges, strengths

Social support network members are actively engaged throughout the meeting

C. Role of FTM Facilitator

Facilitator shows preferences toward stakeholder groups/points of view

Facilitator acts as a neutral party

D. Role of other service providers

Service providers are minimally involved in the meeting (e.g., presenting family needs, challenges, strengths; taking notes; proposing ideas; careful listening; etc.)

Service providers are actively involved in the meeting (e.g., presenting family needs, challenges, strengths; taking notes; proposing ideas; careful listening; etc.)

COMMENTS/NOTES:

SECTION V: FACILITATOR CORE CONDITIONS

Document how the **Facilitator** demonstrated the following FTM “Core Conditions?”

Genuineness: Also called “congruence” or “realness.” It means the individual communicates with the family with honesty and congruence between what is said and done – there is no professional “façade” which might interfere with the engaging of the person or family.

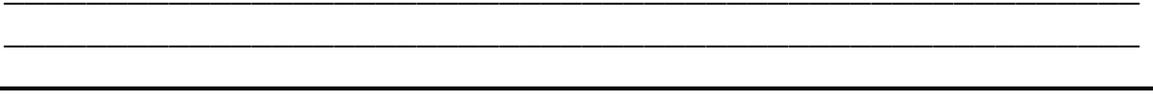
Notes and examples:

Respect: Also known as “unconditional positive regard” or “acceptance.” It involves having the belief in the value and potential of every human being and demonstrating this belief through interactions with others.

Notes and examples:

Empathy: Also known as “empathetic understanding.” It is the ability to express an understanding of and compassion for another person’s experience.

Notes and examples:



**Field Practice
CFSR Family Team Meeting Summary**

Date:

| |
|---|
| <p>Case Name:</p> <p>CPS Investigator:</p> <p>Family Preservation CM:</p> <p>Foster Care CM:</p> <p>FTM Facilitator:</p> <p>Co-Facilitator:</p> <p>OFI representative:</p> <p>Location:</p> <p>Person completing form:</p> <p>FTM Type: (ex: initial, closing, other, etc):</p> |
|---|

| |
|--|
| <p>Were all the participants (ex: relatives, friends, etc) that the family requested to be invited to the FTM during the prep interview process invited to the FTM? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If no, explain:</p> |
|--|

| |
|--|
| <p>Caregiver(s) involvement: provide each caregiver's name and describe each caregiver's involvement in the family planning process; if not present at FTM, describe each caregiver's alternative method of involvement or agency's attempts to involve each:</p> <p>Father Involvement: provide each father's name and describe how each was involved in the FTM process; if not present at FTM, describe each father's alternative method of involvement or agency's efforts to involve each:</p> <p>Children involvement: provide each child's name and describe each child's involvement in the family planning process; if not present at the FTM, describe each child's alternative method of involvement; if child is unable to participate in any way, indicate why (ex: infant):</p> |
|--|

Case Manager involvement: provide information presented by DFCS CM(s) during FTM including agency non-negotiables:

Service Provider involvement: provide information presented by service providers during FTM; if not present at FTM, describe any alternative methods of involvement:

Safety and Risk: identify all Safety factors and Risk issues; were they resolved prior to FTM (include all safety factors and risk issues present during both past and present DFCS involvement)? If so, how? Discuss current interventions in place addressing Safety actors and Risk issues:

Strengths identified:

Needs identified:

Discuss which services will be put into place to address the identified needs. Discuss who is responsible for initiating the services and the timeframe for initiation. (Remember to address each need listed above):

Legal Obligations: include current legal obligations of anyone involved in the family plan (ex: current court orders including custody orders, bond conditions, guardianship, probation/parole, etc):

Describe the family's interactions: include parent/child, parent/parent, parent/DFCS, etc:

Is there a Safety Resource involved in the case? yes no

Describe the responsibilities of the Safety Resource in regards to the family plan and the children's needs:

Describe the support services that are already in place or will be offered and put in place for Safety Resource by the agency:

Additional family information obtained during FTM:

Contact Standards: describe the monthly contact standards decided upon during the FTM (include children and caregiver contacts):

Explain involvement of other counties in this case, if any: (ex: services to parent in another county, safety resource supervision in another county, etc):

Family Team Meeting Facilitation Practice (Prior to observation by FTM Trainer for approval as facilitator)

| | |
|----------------|--|
| Purpose | The purpose of this activity is to provide an opportunity for the trainee to facilitate an FTM in order to ensure facilitation skills have been attained and/or identify areas that need improvement prior to trainer observation for approval as a DFCS facilitator. |
| Mentor | <ul style="list-style-type: none"> • Select a family that needs an initial FTM and assign the trainee as facilitator. This can be the family the trainee completed his/her initial Preparation Interview with during the Field Practice, if it will not cause the case to be out of compliance on the plan due date. • If the trainee did not complete the Preparation Interview, provide assessment, intake, contact information, and the family's current safety and risk factors for review by the trainee. • Prior to the FTM ensure the trainee has made at least one contact with the family via telephone or face to face so the family can begin to have a rapport with the trainee as the facilitator of their FTM. • Observe the FTM and use the FTM Facilitator Approval Evaluation Form (next page) to rate each skill listed. • Meet with the trainee after the Family Team Meeting and give feedback. Discuss the evaluation scores and develop a work plan to address areas of deficiencies if needed. • Sign the evaluation. • Notify assigned FTM trainer that trainee has attained effective facilitation skills and is prepared to facilitate an FTM for DFCS approval if all areas are met (Items in bold must have at least a score of 3 to be considered passing/met) • If expectations are not met, notify the assigned trainer and detail the improvement plan developed with the trainee. • Schedule another FTM for you to observe when the work plan is completed, if needed. |
| Trainee | <p>Conduct a Family Team Meeting prior to Trainer observation for approval</p> <ul style="list-style-type: none"> • Make at least one contact with the family by telephone or face to face if you did not do the Preparation Interview. Explain your role during the FTM. • Use your <i>Guide to Effective Facilitation</i> during the FTM. • Meet with your mentor after the FTM for feedback. • Work with your mentor to develop a plan to address areas of deficiencies if needed. • Sign the evaluation form. • Complete the work plan you developed with your mentor and prepare to facilitate another FTM when areas addressed in your work plan are completed. |

FTM Facilitator Approval Evaluation

| | | |
|--------------|---------------------|--------------|
| Name: | Family Name: | Date: |
|--------------|---------------------|--------------|

| | | | Meets DFCS Expectations | | | | | |
|---|-----------------------|----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| "1" unsatisfactory | "2" Needs Improvement | "3" Good | N/A | 1 | 2 | 3 | 4 | 5 |
| "4" Very Good | "5" Excellent | | | | | | | |
| Preparation | | | | | | | | |
| Introduce and engage the family around the function of family team meetings and the need for focusing on child/family and stability. The family is approached from a position of respect, empathy, and genuineness. Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| The facilitator should ensure and encourage that participants are prepared to: <ul style="list-style-type: none"> • Be ready, able, safe, and eligible candidates for team participation • Speak to their concerns in constructive ways • Listen with respect to others' concerns • Recognize and build on family strengths and needs • Share information, ideas, and resources • Maintain personal and confidential information privacy Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Non-negotiables have been determined before the meeting. Confidentiality (limits and issues) and non-negotiables have been discussed with participants; FTM Release of Information is explained and signed. Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Collaboration and assessment have determined the right people are invited to the meeting: <ul style="list-style-type: none"> • People necessary for the major decisions to be made • People invited by the family for their own support • People invited by the family and agency for service provision Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| Preparation (Cont.) | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Logistic arrangements are made, including establishing a: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> Meeting place and time that is mutually convenient for the family and other participants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Meeting place that is conducive for private and confidential conversations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> CFSR Preparation Interview Worksheet is completed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | |
| Facilitation | | | | | | |
| Convenes the meeting, prompts introductions of participants and their roles, reviews or develops ground rules of the meeting, defines the goals and clarifies decisions to be made, ensures confidentiality is understood, Confidentiality Statement is signed by all participants. | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Comments: | | | | | | |
| The facilitator: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> Monitors and manages the flow of the discussion to ensure that all are heard and no one dominates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Encourages maximum, appropriate involvement in all decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Assists the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Ensures that all share strengths of the family as well as needs, safety and risk factors are identified. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Focuses on results, processes, and relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Focuses on safety, permanency, and well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Celebrates successes and accomplishments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Coaches others to do their best thinking, especially in regard to how services should relate to needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Designs pathways for realizing opportunities, building capacities, and solving problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Balances family-centered decision making with protective authority to keep children safe and help parents be successful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |

| Facilitation (continued) | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Time management – the facilitator: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Refocuses the meeting as necessary to stay on task and on time | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Brings discussion to closure; summarizes decisions made, next steps, assignments, and commitments to implementing the plan | <input type="checkbox"/> |
| Comments | | | | | | |
| Conflict resolution – the facilitator: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Makes adjustments when conflict surfaces | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Confronts problems honestly and respectfully | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Manages power and control issues that arise | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Checks-in with participants to ensure accurate assessment/information | <input type="checkbox"/> |
| Comments | | | | | | |
| Service Planning and Follow-up | | | | | | |
| The Family Team Meeting provides a basis for service planning, coordination, communication, and accountability as evidenced by: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Agreed-upon goals for the family that include measures of behavioral changes and action plans that are consistent with safe case closure requirements (safety, permanency, and family well-being) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Secured commitment from participants for plans made | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Addressed needs for attachment and security, family preservation or reunification, as indicated | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Identified alternative permanency plans, safety plans, crisis plans, and any necessary transition plans; anticipation of what could go wrong with the family plan | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Arranged-for supports and services that are most likely to work for the family and are culturally competent when able to achieve | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Definition of how goals are to be measured through behavior changes | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Established time limits, clear explanations, and alternatives | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Identified consequences of not making behavior changes | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Defined accountability for actions of the family and service providers and a way that accountability will be ensured | <input type="checkbox"/> |
| Comments | | | | | | |

Service Planning and Follow-up (Cont.)

| The family team develops, monitors, and evaluates and individualized child service plans for a child with special needs. The child family's plan follows the domains and: | N/A | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Addresses the special needs of the youth or child | <input type="checkbox"/> |
| • Addresses any placement concerns | <input type="checkbox"/> |
| • Defines treatment goals and strategies | <input type="checkbox"/> |
| • Builds resiliency and improves the child's functioning in daily settings, including home and school | <input type="checkbox"/> |
| • Uses collaboration as appropriate, with health care, mental health, special education, developmental disabilities, and juvenile justice services | <input type="checkbox"/> |
| • Provides integration and coordination of services across settings, providers, levels of care, and funding sources | <input type="checkbox"/> |
| • Provides for age-appropriate transitions | <input type="checkbox"/> |
| • Prevents unnecessary disruption of the child's education | <input type="checkbox"/> |

Comments

| | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| CFSR FTM Summary is completed by the facilitator and required information has been documented on the Summary. | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

Comments:

It is my recommendation that this facilitator needs additional practice in the areas noted below prior to scheduling an observation for approval by the trainer.

Strategies to address needs and plan for follow up coaching and observation for areas rated less than 3:

| | |
|--|--------------|
| | |
| Facilitator: | Date: |
| Mentor: | Date: |
| <input type="checkbox"/> It is my recommendation that this facilitator has met expectations and is ready for trainer observation for approval. | |
| Mentor: | Date: |

Items in BOLD print are considered critical items and must be scored at least 3 in these areas to be approved as a facilitator.

Note: It is expected that the facilitator achieve a score equal or greater to “3” in all categories to be considered proficient at facilitating Family Team Meetings.

Family Team Meeting Trainee Facilitation (for approval determination)

| | |
|--|--|
| Purpose | The purpose of this activity is to assess transfer of learning, measure competency as an FTM Facilitator, identify areas of competency not met, approve trainee as an FTM Facilitator or make recommendations as to what skills need to be developed further in order to be approved as a Facilitator. |
| Evaluator (State Trainer) | <ul style="list-style-type: none"> • Participate in a trainee facilitated FTM as an observer • Evaluate trainee facilitation skills on the FTM Evaluation Form • Document strategies to address needs and plan for follow up coaching and observation for areas rated less than 3: • Review FTM Preparation Interview Worksheet prepared by the trainee for this FTM and evaluate FTM preparation work done by the trainee. Record this evaluation on the FTM Evaluation Form. • Review completed FTM Summary. • Provide positive feedback for noted strengths to the trainee, discuss approval determination and recommendations. • Complete and sign this form and the FTM Evaluation form. |
| Trainee | <ul style="list-style-type: none"> • Select a family and prepare the family for the FTM you will facilitate. Complete the CFSR Preparation Interview Worksheet as part of this process. • Facilitate the selected family's FTM. • Electronically complete and attach the CFSR FTM Summary form as part of the Field Practice. • Meet with Trainer observing the FTM for debriefing, feedback and approval determination. |

The trainee has completed all the worksheets, demonstrated satisfactory comprehension of the subject and received feedback from the trainer.

Trainee

Date

FTM Trainer

Date

FTM Facilitator Approval Evaluation

| | | |
|--------------|---------------------|--------------|
| Name: | Family Name: | Date: |
|--------------|---------------------|--------------|

| | | | Meets DFCS Expectations | | | | | |
|--|--|----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| "1" Unsatisfactory "4" Very Good | "2" Needs Improvement "5" Excellent | "3" Good | N/A | 1 | 2 | 3 | 4 | 5 |
| Preparation | | | | | | | | |
| Introduce and engage the family around the function of family team meetings and the need for focusing on child/family and stability. The family is approached from a position of respect, empathy, and genuineness. Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| The facilitator should ensure and encourage that participants are prepared to: | | | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Be ready, able, safe, and eligible candidates for team participation | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Speak to their concerns in constructive ways | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Listen with respect to others' concerns | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Recognize and build on family strengths and needs | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Share information, ideas, and resources | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Maintain personal and confidential information privacy Comments: | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-negotiables have been determined before the meeting. Confidentiality (limits and issues) and non-negotiables have been discussed with participants; FTM Release of Information is explained and signed. Comments: | | | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Collaboration and assessment have determined the right people are invited to the meeting: | | | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • People necessary for the major decisions to be made | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • People invited by the family for their own support | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • People invited by the family and agency for service provision Comments: | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Preparation (Cont.) | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Logistic arrangements are made, including establishing a: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> Meeting place and time that is mutually convenient for the family and other participants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Meeting place that is conducive for private and confidential conversations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> CFSR Preparation Interview Worksheet is completed. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitation | | | | | | |
| Convenes the meeting, prompts introductions of participants and their roles, reviews or develops ground rules of the meeting, defines the goals and clarifies decisions to be made, ensures confidentiality is understood, Confidentiality Statement is signed by all participants. | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Comments: | | | | | | |
| The facilitator: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> Monitors and manages the flow of the discussion to ensure that all are heard and no one dominates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Encourages maximum, appropriate involvement in all decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Assists the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Ensures that all share strengths of the family as well as needs, safety and risk factors are identified. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Focuses on results, processes, and relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Focuses on safety, permanency, and well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Celebrates successes and accomplishments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Coaches others to do their best thinking, especially in regard to how services should relate to needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Designs pathways for realizing opportunities, building capacities, and solving problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Balances family-centered decision making with protective authority to keep children safe and help parents be successful Comments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | |

| Facilitation (continued) | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Time management – the facilitator: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Refocuses the meeting as necessary to stay on task and on time | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Brings discussion to closure; summarizes decisions made, next steps, assignments, and commitments to implementing the plan | <input type="checkbox"/> |
| Comments | | | | | | |
| Conflict resolution – the facilitator: | | | | | | |
| | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Makes adjustments when conflict surfaces | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Confronts problems honestly and respectfully | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Manages power and control issues that arise | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Checks-in with participants to ensure accurate assessment/information | <input type="checkbox"/> |
| Comments | | | | | | |
| Service Planning and Follow-up | | | | | | |
| The Family Team Meeting provides a basis for service planning, coordination, communication, and accountability as evidenced by: | N/A | 1 | 2 | 3 | 4 | 5 |
| <ul style="list-style-type: none"> • Agreed-upon goals for the family that include measures of behavioral changes and action plans that are consistent with safe case closure requirements (safety, permanency, and family well-being) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Secured commitment from participants for plans made | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Addressed needs for attachment and security, family preservation or reunification, as indicated | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Identified alternative permanency plans, safety plans, crisis plans, and any necessary transition plans; anticipation of what could go wrong with the family plan | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Arranged-for supports and services that are most likely to work for the family and are culturally competent when able to achieve | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Definition of how goals are to be measured through behavior changes | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Established time limits, clear explanations, and alternatives | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Identified consequences of not making behavior changes | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Defined accountability for actions of the family and service providers and a way that accountability will be ensured | <input type="checkbox"/> |
| Comments | | | | | | |

Service Planning and Follow-up (Cont.)

| The family team develops, monitors, and evaluates and individualized child service plans for a child with special needs. The child family's plan follows the domains and: | N/A | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Addresses the special needs of the youth or child | <input type="checkbox"/> |
| • Addresses any placement concerns | <input type="checkbox"/> |
| • Defines treatment goals and strategies | <input type="checkbox"/> |
| • Builds resiliency and improves the child's functioning in daily settings, including home and school | <input type="checkbox"/> |
| • Uses collaboration as appropriate, with health care, mental health, special education, developmental disabilities, and juvenile justice services | <input type="checkbox"/> |
| • Provides integration and coordination of services across settings, providers, levels of care, and funding sources | <input type="checkbox"/> |
| • Provides for age-appropriate transitions | <input type="checkbox"/> |
| • Prevents unnecessary disruption of the child's education | <input type="checkbox"/> |

Comments

| | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <p>CFSR FTM Summary is completed by the facilitator and required information has been documented on the Summary.</p> <p>Comments:</p> | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

Comments:

Strategies to address needs and plan for follow up coaching and observation for areas rated less than 3:

| Approval Determination | |
|--|--------------|
| Facilitator: | Date: |
| <input type="checkbox"/> It is my recommendation that this facilitator NOT be approved as a FTM facilitator by DFCS at this time. <input type="checkbox"/> It is my recommendation that this facilitator complete the strategies to address needs and be observed and evaluated before approval as a facilitator. <input type="checkbox"/> It is my recommendation that DFCS APPROVE this facilitator to conduct Family Team Meetings. The facilitator has the skills and has demonstrated competency in FTM facilitation. | |
| Trainer/Evaluator: | Date: |

Items in BOLD print are considered critical items and must be scored at least 3 in these areas to be approved as a facilitator.

Note: It is expected that the facilitator achieve a score equal or greater to “3” in all categories to be considered proficient at facilitating Family Team Meetings.