

Facilitated Family Engagement Meetings

Family: text

Meeting Details

Date & time: text

Next Mtg. Date: text

Location: text

Next Mtg. Time: text

Mtg. Type: text

Next Mtg. Location: text

Mtg. Purpose: text

Children/Youth

Name	Age	Permanency Goal	Days OOH	Level of Care
text	text	text	text	text
text	text	text	text	text

Participants

Name	Plan Role	Status
text	text	text
text	text	text
text	text	text
text	text	text
text	text	text
text	text	text
text	text	text

Additional Purpose/Focus of Consultation: text

Meeting Notes

What Are We Worried About?

Reason for Referral; Danger/Harm: text

Risk Statements: text

Complicating Factors/Child Vulnerability: text

What's Working Well

Cultural Considerations: text

Safety: text

Strengths/Protective Factors: text

What Needs to Happen

Goal Statements: text

Gray Areas/Questions: text

Next Steps: text

Additional Meeting Comments: text

