

Humboldt County C&FS 1210-Child & Family Team (CFT) Meeting Summary

Meeting Date:	Mother's Name:	Child/Youth Name:
Facilitator:	Father's Name:	ICC Coordinator Name:
Initial Meeting:	Caregiver's Name:	

Identified Goal for Meeting: _____

Existing Supports/Services	Continue?	Changes to Support/Services Recommended by CFT
	Y/N	
	Y/N	
	Y/N	
	Y/N	
	Y/N	

GOAL (What we would like to happen)	NEED (What needs to happen)	ACTION STEPS (What we are going to do: who, what when, where)	OUR PROGRESS
			<input type="checkbox"/> Attempted <input type="checkbox"/> Ongoing <input type="checkbox"/> Revised <input type="checkbox"/> Completed Date:
			<input type="checkbox"/> Attempted <input type="checkbox"/> Ongoing <input type="checkbox"/> Revised <input type="checkbox"/> Completed Date:
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			<input type="checkbox"/> Attempted <input type="checkbox"/> Ongoing <input type="checkbox"/> Revised <input type="checkbox"/> Completed Date:

NEXT MEETING DATE and/or COMMUNICATION PLAN: _____

Scaling Participation (ask each team member to notate using initials)
On a scale from 0 to 10 where 0 means I had no input during this meeting and 10 means my voice was listened to and valued: <div style="display: flex; align-items: center; justify-content: space-between;"> 0 ←————→ 10 </div>

Scaling Services/Supports/Action Steps (ask each team member to notate using initials)
On a scale from 0 to 10 where 0 means services/supports/actions steps have no elements that will help and 10 means that everything that needs to happen for the child/youth is happening: <div style="display: flex; align-items: center; justify-content: space-between;"> 0 ←————→ 10 </div>

SIGN IN/SIGNATURE PAGE/CFT MEETING AGREEMENTS

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided for via separate and properly executed Relates/Disclosure forms. During this meeting a plan will be developed to address the needs of _____ (name of child/youth) and we will each receive a copy of the plan.

Print Name	Relationship to Youth/Family	Signature	Phone/Email

Print Name	Relationship to Youth/Family	Signature	Phone/Email

Attended by: Child/Youth Parent/Caregiver Social Worker ICC BH Clinician

If the parent and/or youth were not in attendance, the ICC Coordinator must document efforts to ensure their participation.

Copies of this document were provided to all attendees on:
