

Family Team Meeting Feedback Form



COMMUNITY PARTNERSHIPS
FOR PROTECTING CHILDREN

Today's Date: _____ Meeting Location: _____

Please identify your role:(v) and specify if needed

Mother Father Other Family: _____
 Service Provider OCFS Staff Family Friend Neighbor School Staff
 Faith-based Other: _____ Other: _____

Section 1: All Participants	Yes (v)	No (v)	Somewhat (v)	N/A (v)
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I knew what was going to be discussed at the meeting before I arrived.				
The meeting location and time were convenient to me.				
There was a clear goal and purpose identified at the beginning of the meeting.				
We identified and talked about the strengths of the children and family.				
We identified and talked about the needs or worries for the children and family.				
I had an opportunity to express my views, thoughts and/or ideas.				
A Family Plan was created.				
The plan that we developed built on strengths and addressed the needs/worries.				
In my opinion, the plan developed at the meeting is realistic.				
I understand what is expected of me or my role in the plan.				
I feel that this meeting will help me to support the child(ren)/ family.				
In my opinion, the right resources exist in the community to Meet the needs of the children/family.				

If you answered "no" or "somewhat", please identify the unmet need(s):

Section 2: Parents/Caregivers Only	Yes (v)	No (v)	Somewhat (v)	N/A (v)
I was able to involve informal support people (family, friends, neighbors, etc) in my meeting.				
I was able to involve informal support people (family, friends, neighbors, etc) in my family plan.				
I was able to share my thoughts, concerns and suggestions with my team.				
My thoughts, concerns and suggestions were included in my family plan.				
I believe this meeting has helped or will help my family.				

Section 3: All Participants

Please share your thoughts/tell us what you think! What could have improved the meeting? What did you like about the meeting?