# Child and Family Team Meeting

| | | Purpose of CFT Meeting: (check one) |
|---|---|---|
| **Date:** | | |
| **Youth Name:** | | ☐ Initial/Planning |
| **Probation Officer Name:** | | ☐ Follow-up |
| **Supervisor Name:** | | **Next Meeting Date:** |
| **Facilitator Name:** | | |

*Confidentiality statement:* *By signing this form, you have agreed to participate in this Child and Family Team and will abide by the group agreements, maintain the confidentiality of the personal information shared. All discussions, plans, duties and responsibilities of each team member is designed to help the youth successfully reintegrate into the community and family's care.*

☐ Consent Form

| Child and Family Team Members | | | |
|---|---|---|---|
| **Print Name** | **Relationship** | **Signature** | **Contact Number** |
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| Service Providers: | Contact Information: |
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**Purpose:** *The purpose of the CFTM is to help the youth identify goals to help him/her successfully complete placement and reunify with his/her family. The ultimate goal is to provide the youth with the necessary tools to be successful after probation has terminated.*


**Group Agreements:**

1. Maintain Electronics
2. Respect one another
3. Everyone's opinion is valued
4. Speak one at a time
5. Stay focused and on task
6.
7.
8.
9.
10.


**Identify three of the youth's strengths:**

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|---|
| 1. |
| 2. |
| 3. |


**Summary Report:**

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|---|
| **What is working well?** |
| **What is not working?** |
| **Describe/List Medical Concerns: (including medications):** |
| **Academic concerns/needs:** |

**Complicating Factors:**

| Worries and Concerns | Solutions |
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**Planning for Safety:**

| Safety Issues | Intervention Plan |
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**Care Plan/Goals and Desired Outcomes:**

| Need/Goal | Service(s) to be provided – Action Items | Provider/Person Responsible | Projected Completion Date | Date Completed |
|---|---|---|---|---|
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**Reunification Plan:**

**Items to be reviewed at the next meeting (may include invitation of missing/new team members):**

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

**Notes:**

| Facilitator Name: | Signature: | Date: | |
|---|---|---|---|
| | | | |

# **PROBATION ONLY**

Brief Case History:

Family criminal/drug history:

Drug History:

Gang History:

Children:

## Prior Placement History:

| Start Date | End Date | Placement Name | Reason For Leaving |
|---|---|---|---|
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