Family Treatment Team Meeting Preparation Checklist and Questionnaire

☐ Explanation of the purpose of the treatment team meeting and documentation of the youth's and family or caregivers understanding:

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☐ Identification of natural supports in the youth's life or treatment goals intended to develop natural supports in the youth's life:

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☐ Notice to the family that the youth's treatment plan shall be delivered at times and in locations that are flexible, accessible, and convenient to the youth and the youth's family or caregivers, including evenings and weekends:

_____
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_____

☐ Evaluation with the youth and the youth's family or caregivers to identify risks and safety concerns at home and in the school and in the community:

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☐ Evaluation with the youth and the youth's family or caregivers to identify strengths that can be used as the basis of the treatment plan in the areas of school, vocational, family, social, and community functioning as well as toward meeting developmental skills and abilities:

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Date of this preparation meeting: _____

Signature(s) of agency staff involved in this meeting: _____

☐ We, the Family/Caregivers of _____understand the purpose of this meeting.

☐ We, the Family/Caregivers of _____ need more information about the purpose of this meeting.

Signatures of Family/Caregivers involved in this meeting:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____