



Family Contact Feedback

Date: _____ Start time: _____ End time: _____ Location: _____

Client last name(s): _____ Family contact facilitator: _____

Caseworker: _____

List who attended family contact:

GOALS

Current OCS permanency goal:

Parent-identified contact priorities:

PRE-CONTACT CHECK IN

Identified protective factors/strengths:

Selected resiliency activity type (select one):

Structured Parent planned Open-ended

Resiliency activity description/title and link to parent priorities:

Parent-requested support strategies:

Parent worries and how contact facilitator can help:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reflection | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Modeling | <input type="checkbox"/> Information sharing |
| <input type="checkbox"/> Caregiver practice with feedback | <input type="checkbox"/> Joint interactions | <input type="checkbox"/> Conversation |
| <input type="checkbox"/> Guided practice with feedback | | |

FAMILY CONTACT ROUTINE

Family contact plan level of supervision provided (select one):

Unsupervised Supported Supervised Guided

Greeting:

Identified protective factors/strengths and supports offered:

Family circle:

Identified protective factors/strengths and supports offered:

Resiliency activity:

Identified protective factors/strengths and supports offered:

Snack – if applicable:

Identified protective factors/strengths and supports offered:

Clean up:

Identified protective factors/strengths and supports offered:

Transition:

Identified protective factors/strengths and supports offered:

POST-CONTACT CHECK IN – PARENT REFLECTION

What went well?

What was difficult?

Considerations for next agency facilitated contact:

Considerations for upcoming non-agency facilitated contact:

FUTURE PLANNING / UPCOMING SPECIAL EVENTS

Resiliency Meeting: Review and update parent priorities:

Home-Based Family Treatment Services:

Home Based Family Treatment Services – Level 1

Home Based Family Treatment Services – Level 2

Home-Based Family Treatment Services – Level 3

Does not apply to this family contact event

Contacts have occurred in a structured and protected environment and should not be used in isolation when assessing the appropriateness of future access or custody arrangements.

Staff Signature: _____ **Date:** _____