#  **NO Family Contact Feedback**

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| **Client Last Name(s)**:       **Family Contact Facilitator:**      **Caseworker:**       | **Date:**      **Start time:**      **End time:**      **Location:**       |
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| **Family Contact DID NOT occur:** |

**Why?**      |
| **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.** |

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| **Staff Signature:** |  | **Date:** |  |