# **NO Family Contact Feedback**

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| **Client Last Name(s)**:  **Family Contact Facilitator:**        **Caseworker:** | **Date:**  **Start time:**        **End time:**  **Location:** |
| |  | | --- | | **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:** |  |