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| **Date:** Click *or* tap to enter a date. **Attendees:** Click or tap here to enter text.**What is the primary reason for consultation today?** Click or tap here to enter text.**Information about the family and the main concerns that impact family contact.** *Click or tap here to enter text.* |
| **Family Contact Plan:** Click or tap here to enter text**Impact of Trauma:** Click or tap here to enter text**Cultural and Intersectionality Considerations:** Click or tap here to enter text.**Relationship Dynamics Impacting Family Contact:** Click or tap here to enter text.**Strengths/Protective Factors:** Click or tap here to enter text. | **Before Family Contact Event:**Click or tap here to enter text.**During Family Contact -** **Fidelity to Routine:**Click or tap here to enter text.**Child or Youth View and Hopes:** Click or tap here to enter text.**Parent View and Hopes:**Click or tap here to enter text.**After Family Contact Event:**Click or tap here to enter text. | **Suggestions for Healing-Focused and Culturally Centered Action Steps:**Click or tap here to enter text.**Supports and Services Needed Outside Family Contact:** Click or tap here to enter text.**Other Considerations to Support Family Contact:**Click or tap here to enter text.**Next Steps:**Click or tap here to enter text. |