|  |  |  |
| --- | --- | --- |
| **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. |