



Provider Evaluation Form - Family Team Meeting

Please complete before you leave

Your Name: _____ Date: _____

Please circle/answer the following questions about the Family Unity Meeting:

1. The Family Team Meeting's purpose was explained to me clearly

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor

Comments: _____

2. I felt the Family Team Meeting was _____ for the family

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor

Comments: _____

3. I believe that participating in the Family Team Meeting strengthened the family

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor

Comments: _____

4. Quality Safety/Crisis plans were made by the family and the children

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor

Comments: _____

5. The Family Plan that was developed by the family was supported by the providers invited to the meeting

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor

Comments: _____