



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. (Read Vision Statement)

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

Comments:

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

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

Comments:

3. I believe that participating in the family team meeting strengthened my family. (If not, why)

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

Comments:

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

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

Comments:

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

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

Comments: