



CHILD AND FAMILY TEAM MEETING NOTES

State Form 54601 (R3 / 4-19)
DEPARTMENT OF CHILD SERVICES

Instructions for use of CTFM Notes:

Trained facilitators are those trained and released to facilitate Child and Family Team Meetings with Indiana families. These facilitators are employed with the Department of Child Services. They include FCMs, FCM Supervisors, Division Managers, Local Office Directors, Regional Managers, Executive Staff and Staff Development. Facilitators are required to document the meeting by completing the CFTM Notes Template. The template includes each agenda item discussed. The Family Story is not included in the notes. All CFTM notes must include documentation of safety planning, which includes the child / youth's current level of safety in placement, school, etc.

Name of case

Date of child and family team meeting (*month, day, year*)

Names and Relationships of Attendees of Child and Family Team Meeting

Name of Attendee	Relationship	Name of Attendee	Relationship

Location of child and family team meeting

Name(s) of facilitator / co-facilitators

Name(s) of parent(s) / caregiver(s)

Confidentiality forms signed by all participants?

Yes

No

Outcomes identified by parent(s) / caregiver(s)

Ground rules established / non-negotiables

SAFETY INCLUDING CURRENT SAFETY PROVISIONS OF THE CHILD(REN) / YOUTH

Current level of safety for child(ren) / youth

Current safety concerns expressed by team member(s)?

Yes

No

If yes, please explain.

Safety planning

Visitation plan (if applicable), including visitation with siblings

STRENGTHS TO ACHIEVE GOALS

Functional strengths of each child / youth

Functional strengths of each parent / caregiver

IDENTIFICATION OF INDIVIDUAL AND FAMILY NEEDS

Youth / family needs *(These are not services.)*

Agreement

Who: Name of Person Responsible	Will do What: Activity	When: Beginning Date <i>(month, day, year)</i>

Assess what could go wrong and back-up planning

Alternative plan *If checked, please explain.*

Concurrent plan *If checked, please explain.*

Next steps and closing

Location of next child and family team meeting

Date (*month, day, year*) and time of next child and family team meeting

Notes submitted by:

Name of note taker