Reset Form

Family Team Meeting

AGREEMENT ON CONFIDENTIALITY AND PARTICIPANT LIST

Family/ Parent Name:	**Facilitator(s):**
Date:	**Location:**

We the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other Court action. A written summary of this meeting will be distributed to all participants.

Signature of Attendance/ Agreement on Confidentiality	Print Name/Address and Phone Number (E-mail address)	Relationship to Family	Date

PRINT FORM