



Provider Evaluation Form - Family Team Meeting

Please complete as soon as possible and return in the self addressed enclosed envelope

Your Name: _____

Please circle/answer the following questions about the Family Team 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 I work with

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 for the children

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

Comments: _____

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

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

Comments: _____

6. I feel the real needs of the family are being addressed by the team.

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

Comments: _____