

MONTHLY TEAM MEETING REPORT

National AIA Resource Center, School of Social Welfare, University of California at Berkeley

Participant Name:

Date of review: ___/___/___

Months since completion of IFP:

[]1 []2 []3 []4 []5 []6 []7 []8 []9 []10 []11 []12

Who attended meeting?

- [] Participant Family Head of Household [] Other _____
- [] Mentor Head of Household [] Other _____
- [] Shared Family Care case worker [] Other _____
- [] County Child Welfare Worker [] Other _____

Meeting location:

- ___ Mentor's home
- ___ SFC agency office
- ___ Other (Where? _____)
- ___ School
- ___ child welfare office

Has there been a change in the family's placement since the last report? ___No ___Yes

Does placement continue to be appropriate? ___Yes ___No

Narrative Update (include progress toward meeting each goal, as well as new concerns or identified needs)

Describe any revisions to the plan (explain what, who and when)

Anticipated placement completion date (if different from original): ___/___/___

Form completed by _____ Date ___/___/___

Date of next review: ___/___/___