

**PM Form 3.5.3**  
**Child & Family Team/Planning Meeting Note**

Child/Adolescent's  
Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Meeting  
Location: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**Review Checklist:**

- |  |  |
|--|--|
| <input type="checkbox"/> Ground Rules                    | <input type="checkbox"/> Behavioral Health Service Plan    |
| <input type="checkbox"/> Strengths                       | <input type="checkbox"/> Need for Specialty Services       |
| <input type="checkbox"/> Crisis Plan                     | <input type="checkbox"/> Need for Substance Abuse Services |
| <input type="checkbox"/> SNCD                            | <input type="checkbox"/> Family Support Partner Role       |
| <input type="checkbox"/> Natural Supports                | <input type="checkbox"/> Action Plan                       |
| <input type="checkbox"/> Implementation of 12 Principles |  |

**Family Vision** (as identified on BHSP):

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**CFT Summary** (include strengths, progress, identify actions that were followed up on, reference updates/changes to BHSP, Crisis Plan, SNCD):

**Child/Adolescent's:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action Plan** (Identify items to be followed up with, as well as the team member who is responsible):

<b>Action:</b>	<b>Team Member Responsible:</b>	<b>Completion Date:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Date, Time, & Location of next CFT meeting:**

\_\_\_\_\_  
\_\_\_\_\_

**Child & Family Team/Planning Meeting Note (Continued)**

**CFT Summary continued (if necessary):**

**Child/Adolescent:**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Child & Family Team/Planning Meeting Note**

My signature below indicates that I have been a full participant in this Child & Family Team Planning Meeting and I agree to work diligently to assist \_\_\_\_\_ to achieve his/her goals.

Confidentiality Notice: Pursuant to the confidentiality laws and policies in the State of Arizona, all individuals who sign this document agree to keep all personal and/or identifying information and records regarding the undersigned child and family confidential.

#### **Signatures of CFT members in attendance:**

_____ <b>Child's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____
_____ <b>Parent/Guardian's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____
_____ <b>Parent/Guardian's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____
_____ <b>Facilitator's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____ <b>Procedure Code/Units</b>
_____ <b>Team Member's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____ <b>Procedure Code/Units</b>
_____ <b>Team Member's Name</b>	_____ <b>Signature</b>	_____ <b>Relationship/Contact Info</b>	_____ <b>Procedure Code/Units</b>
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