NAPA COUNTY PATHWAYS TO WELL-BEING
CHILD AND FAMILY TEAM MEETING SUMMARY

Child:_____ Chart number:_____ Facilitator:_____

- ☐ Initial CFT Meeting
- ☐ Follow up / Ongoing Planning Meeting
- ☐ 90-Day Review Meeting

STRENGTHS/WHAT'S WORKING WELL?

CONCERNS/NEEDS/CHALLENGES ?

What needs to happen?	Who will make it happen?	When will it be completed?	Progress Update
			☐ In Process ☐ Revised (see comments) ☐ Ongoing ☐ Completed on:_____
			☐ In Process ☐ Revised (see comments) ☐ Ongoing ☐ Completed on:_____
			☐ In Process ☐ Revised (see comments) ☐ Ongoing ☐ Completed on:_____
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			☐ In Process ☐ Revised (see comments) ☐ Ongoing ☐ Completed on:_____

Sign In/ CFT Meeting Agreements:

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided via separate and properly executed Release/Disclosure forms. During this meeting a plan will be developed to address the needs of _____ and we will each receive a copy of the plan. This meeting **MUST INCLUDE** the parent(s) and the youth*, CWS staff and/or Probation staff, Mental Health provider, informal supports identified by the family, substitute caregiver, and other former supports as relevant.

Print Name	Relationship to family/youth	Signature	Phone/email address

*If the parent and/or youth were not in attendance, document reasons and /or efforts made to ensure their participation:_____

_____

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