## **DEMONSTRATION PROJECT**

## Facilitator Face Sheet for Family Engagement Conferences

County Code: Date of Meeting:	Type of Meeting: ☐ FTC
	□FGDM
	□FGC
Meeting location: Scheduled Conference:	☐ FTM
☐ CYS/CYF Agency Setting ☐ Routinely scheduled conferen	nce
☐ Placement Setting ☐ Not scheduled - held due to a	a need or decision point
☐ Parent/Caregiver/Foster home	
☐ Neutral/Offsite	
☐ Other Name of Person Facility	ating Family Conference or Code number:
Facilitator type:	
☐ Facilitator is a caseworker for the family	
☐ Facilitator is a contracted provider	
☐ Facilitator is a CYF caseworker but NOT assigned to the family	
☐ Facilitator is a supervisor for the family	
☐ Other: Please Specify	
Instructions for selecting a child's MCI# when the "family" is the subject of the conference rather than a particular child. In these cases, a child from the family must be selected as the focus for these forms. Please select the child whose birth month and day is the closest to the current date.  For example, today's date is 3/21/13 and you have a referral for an entire family. There are 3 children in the family. Their birthdates are 3/4/96; 7/6/99 and 12/25/05. In this case, choose as the child for which the baseline and follow-up form will be completed on as the one who has the birth date of 3/4/96.	
Child's MCI # Family Iden	tification Number:
1. Was at least one birth parent in attendance? Yes No	
Number of family and friends invited to the conference?  Write  Wri	te Number
3. Number of family and friends attended the conference?	
4a. Was transportation to the conference <b>OFFERED</b> ? ☐ Yes	ite Number □ No □ Unknown
4b. Was transportation to the conference <b>PROVIDED</b> ? ☐ Yes	□ No □ Unknown
5a. Was childcare during the conference <b>OFFERED</b> ? ☐ Yes	□ No □ Unknown
5b. Was childcare during the conference <b>PROVIDED</b> ? ☐ Yes	□ No □ Unknown