DEMONSTRATION PROJECT
Facilitator Face Sheet for Family Engagement Conferences

Date of Meeting: / / 20

Scheduled Conference:
☐ Routinely scheduled conference
☐ Not scheduled - held due to a need or decision point

Meeting location:
☐ CYS/CYF Agency Setting
☐ Placement Setting
☐ Parent/Caregiver/Foster home
☐ Neutral/Offsite
☐ Other

Name of Person Facilitating 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 Identification Number:

1. Was at least one birth parent in attendance? ☐ Yes ☐ No

2. Number of family and friends invited to the conference? Write Number

3. Number of family and friends attended the conference? Write Number

4a. Was transportation to the conference OFFERED? ☐ Yes ☐ No ☐ Unknown

4b. Was transportation to the conference PROVIDED? ☐ Yes ☐ No ☐ Unknown

5a. Was childcare during the conference OFFERED? ☐ Yes ☐ No ☐ Unknown

5b. Was childcare during the conference PROVIDED? ☐ Yes ☐ No ☐ Unknown