

## Coordinator Checklist

**Referral Source:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Child(ren):** \_\_\_\_\_

### Referral

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

Establish that Referral Source has:

- Hope** for the family
- Intent to support the Family Plan
- Purpose** identified: \_\_\_\_\_

- Send Determination of Referral Appropriateness Letter (DAL) to Referral Source

### Introduction to the Family

Family Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Intake

- Complete intake packet
- Confirm voluntarily participation
- Confirm **purpose** and commitment
- Educate on the FGDM Process

### Secure List of Invited Guests

- (Family Authorization for Consent Form Completed)**

Who is to be invited, information about each participant; relationship and current issues or stressors? Do any of the invited guests have special needs, (*i.e.*, wheelchair, etc.)? Who will invite each participant?

- (Service Provider/Professionals Authorization for Consent Completed)**

Who is to be invited, relationship and current services?

### Establish Location

- Family preference explored
- Potential sites identified
- Location secured:

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Directions:

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

## Coordinator Checklist (cont'd)

### Establish Tentative Date /Time

Date / Time \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am / pm

### Food

- Family meal  Y  N
- Menu determined: \_\_\_\_\_
- Person(s) responsible for food: \_\_\_\_\_
- Special diets: \_\_\_\_\_

### Transportation

- Transportation needed  Y  N
- Arrangements made

### Out-of-Town Participants

- Transportation / lodging needs  Y  N
- Arrangements made

### Special Needs

- Handicap / Disabilities  Y  N
- Language / Transportation  Y  N
- Arrangements made

Translator Name / Phone #: \_\_\_\_\_

Other: \_\_\_\_\_

### Extended Family Contact

- Contacted Extended Family  Confirmed agreement with **purpose**
- Obtain views of extended  Arrangements made

### Facilitator Matching

Facilitator Name / Phone #: \_\_\_\_\_

### Pre-Conference

- Date / Time secured: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am / pm
- Location secured: \_\_\_\_\_
- Service Providers Contacted and invited
- Information Providers / Guest Speakers identified and invited to the conference (if approved by the family)
- Pre-Conference Sign in Sheet

### Facilitator Consult

- Coordinator consults with Facilitator
- Facilitator receives Facilitator Packets
- Arrangements made

## Coordinator Checklist (cont'd)

### Conference

- Date / Time secured: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am / pm
- Location secured: \_\_\_\_\_
- Invitation letters sent (see attached mailing list)

### Supplies Needed

- Easel
- Flip Chart
- Table Cloths
- Serving Trays
- Coordinator folder all laid out for Facilitator
- Family / Professionals Initial Survey
- Resource List
- Other \_\_\_\_\_
- Markers
- Pens / Tablets
- Coffee Supplies
- Plates
- Blue Tape
- Dry erase markers
- Signs to Post
- Cups/Napkins
- Sign-In Sheet
- Name Tags
- Food/Drinks/Ice
- Spoons/utensils

### Set up Room for FGDM Meeting

- Arrange room for comfort of participants
- Location has ample area for breaks and waiting area
- Sign-In sheet near door
- Name tags (if family has agreed to use them)
- Easels and Markers
- Any audio/visual equipment needed
- Teleconference equipment
- Service provider laminated cards(roles)

**Date: FGDM Conference Held** \_\_\_\_\_

*Attach sign in sheet*

### After the Meeting

- Complete Family Plan Form
- Distribute and collect surveys
- Collect all supplies and equipment
- Ensure area is clean and restored to original status
- Complete Facilitator Time Sheet

### The Family Plan

- Family Plan Draft Typed up
- Family Plan reviewed
- Family Plan mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: The written summary is mailed to everybody that was invited to the meeting, within 8 business days.**