

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.