

## Family Partnership/Health Monitor

Center: ..... CFA/FA: .....

Date: ..... Reviewer: .....

	Child/Family				
Assessment of family strengths, needs, and concerns is completed.					
Family Partnership goals have been a) discussed; b) written.					
If family is involved with other agencies, there is documentation of collaboration in developing FPA Goals, to include taking preexisting plans into account.					
Family Partnership Goals reflect the information from strengths/needs assessment.					
Family Goals are written in clear, outcome based language, to include objectives and strategies that are realistic and measurable.					
Services provided are documented and referrals are made where appropriate.					
Documentation is present that planned follow ups occur to a) evaluate goals and results; b) determine if referrals were appropriate; and, c) determine if information provided was useful.					
Emergent needs are identified and follow-up is documented.					
Emergency/crisis needs are identified and follow-up is done in a timely manner, to include documentation.					
Health Screens are completed or reason incomplete and/or plan for completion is documented.					
Health Screen follow up/treatment is completed or plan for completion is documented.					
If Health Screens are incomplete after 45/90 days, Family Partnership goal is developed/written to resolve barriers to completion of Health Screens.					
Nutrition assessment is completed within 90 days or plan for completion is documented.					
Nutrition follow-ups and/or referrals are documented.					
If Nutrition assessment is not completed within 90 days, a Family Partnership goal is developed/written to resolve barriers to completion of Nutrition assessment.					

Strengths:

Concerns that need to be addressed:

Follow-up plan: (Include possible training needs, knowledge and skills that need to be developed as well as how any specific case specific issues with social services will be addressed)