# CFT Family Centered Meeting Summary

| DATE | | FACILITATOR | |
|---|---|---|---|
| Start Time | | End Time | |
| Child ID | | ☐ Initial ☐ Follow Up | |

Type of Family Meeting (check all that apply):

| | | | |
|---|---|---|---|
| ☐ | Child & Family Team (CFT) | ☐ | Team Decision Making (TDM) |
| ☐ | Permanency Planning & Action Team (PPAT) | ☐ | Shared Parenting |
| ☐ | Success Meeting | ☐ | Other |

| ROLE PARTICIPANT | Invited but was unable to attend: |
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