

**Parent To Parent Meeting
Documentation Form**

Family Name _____
Caseworker _____

SIS# _____

Date of Removal: _____

Date of PTP meeting: _____

Or

Date of Visitation Meeting: _____

Children Discussed: _____

Present at Meeting: _____

Were foster parents contacted? If not in attendance please cite reason and date contacted:

Discussed at Meeting:

_____	Placement Information	_____
_____	Visitation Schedule/Information	_____
_____	Met with foster parents	_____
_____	Began 1616 (first 6 pgs. for each birth parent)	_____
_____	Copies to Parents:	_____
_____	Visitation Schedule	_____
_____	Visitation Booklet	_____
_____	Visitation Agreement	_____
_____	Copies to Resource Parents	_____
_____	Visitation Schedule	_____
_____	Child Information sheet	_____

Comments: _____

Worker Signature _____

Return to Family Support Supervisor

Purpose of Conference: 1. Introduction family of child(ren) in care to foster parent. 2. Share information that will assist in the continuity of care for child. 3. Gain an increased understanding of child. 4. Set initial expectations among parties: the family agency, foster parent, (child, where applicable)

I. Identifying information and initial plans

Child(rens) Name(s): _____
DOB _____
DOB _____
DOB _____
DOB _____
DOB _____
DOB _____
DOB _____
Entry date into present foster Home: _____
Date of Conference: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Participants in Planning Conference:

Reasons for Placement (brief discussion): _____
Does the Family have preferred medical providers? _____
NO
YES...List: _____
(Where ever possible preferred providers of medical care should be used)
Does child have scheduled medical appointments/ outstanding medical problems? _____
No Yes, list _____
What are the initial visitation arrangements for family? _____
Persons to visit: _____
Day(s) of the week _____
Time(s) for visits _____
Place for visits _____
If in agency, Why _____

Guernsey City

At least once every 60 days, the foster parent coordinator be at visitation site to insure compliance with plan and provide foster parent consults. Changes (including retroactive ones) will be noted on this page of the form by the Foster Parent coordinator and distributed to all parties. Any change in the level of visitation must be approved by the caseworker of record.

Comments

Note: Foster parent is given initial mentoring (Agency staff face-to-face contact when process is first initiated **in all instances** and guidance by the case aide or caseworker when the foster parent requests it and/or the visitation level changes.

<p>G. Unsupervised in Biological Parents Home: Biological parent picks up child at the foster parent home and returns child at visit's end.</p>	
<p>F. Unsupervised in Biological Parents Home: Foster parent takes child to biological home greets parent exchanges information; leaves and returns a end of visit.</p>	
<p>E. Supervised in Foster home: Foster parent agrees to birth parent visitation in foster parent home.</p>	
<p>D. Unsupervised Visitation: Unsupervised Visitation at agency or other site. The foster parent takes child to site; leaves child and returns at the end of the visit. Foster parent will greet biological parent and exchange information (school etc.) at the beginning and end of each visit.</p>	
<p>C. Supervised Visitation: Same as "B" except the parent aide no longer required.</p>	
<p>B. Supervised Visitation: Foster parent stays for the visitation modeling parenting skills as appropriate. (Used frequently with younger single first time mothers. Or large sibling groups where parents need help to develop an organized structured response to avoid confusion.) Parent aide present to facilitate visitation activities.</p>	
<p>A.1 Supervised Visitation: Foster parent will drive child to agency or other visitation site. Foster parent will greet biological parent; exchange information about child such as school reports etc. The foster parent returns toward end of visit and speaks to biological parent about visit etc. Collect additional information and take child back at the end of visit. Parent aide will facilitate conversation between parties.</p>	

Yand Date

Family Name

Foster Parent

In general the ongoing visitation plan should reflect the progress and direction of the case plan and should be frequently reviewed.

- In carefully determining the best visitation plan the following shall be considered:
- (1.) Safety of involved parties including child, foster parent and biological parent.
 - (2) Experience, training and circumstance of the foster parent.
 - (3.) Family risk factors

Visitation Plan with Specified Foster Parent Role: Instructions: Visitations should be conducted in the least restrictive, least intrusive and most helpful manner possible. Such practices encourage alliances and trust between all parties while allowing the most natural and comfortable setting for the child's visit. Intervention with biological parents must recognize their dignity, need for empowerment, and their right to warn and appropriate communication. All interventions should attempt to enhance the parent child bond.

II. Conference Participants Discussion about Child(ren) in Care

Purpose: To identify the child's behaviors, likes, and dislikes from the parent(s) perspective. The following sections are to be used as a guide for discussion. Complete applicable age appropriate section(s) [A, B, or C.] for (each) child..discard irrelevant section(s)

A. Infants:

Child' Name: _____

1. Current feeding schedule _____

2. If Applicable, what solid foods infant eating: _____

3. Current sleeping and nap schedule (does child sleep through the night?) _____

4. Does child have a nightly ritual to go to bed? _____

5. Does child have a comfort item (i.e. "blanky") _____
Yes _____ No _____ If Specify _____

(Would parent share item if not with infant at this time _____ Yes _____ No _____)

6. Any bath instructions (where, type of soap, fears etc.?) _____

7. What are the words infant uses for mom, dad, grandparents: _____

8. Has parent used a particular soap fragrance or brand name: _____

No _____

Yes _____

If so, Brand name: _____

9. Does child seem to favor a certain position in being held? _____

Describe: _____

10. Has parent observed anything concerning about the infant: _____

11. When the infant is not with you who is the infant with (babysitters relatives etc.): _____

Name(s) _____

12. Describe the best things about your child _____

13. Other comments the parent(s) wish to make: _____

B. Pre-school child

Child's Name: _____

1. Nap schedule, if any: _____

2. Sleep patterns (bedtime rituals, problems sleeping at night): _____

3. Potty Training in progress at this time? ___ No ___ Yes If yes, describe child's behavior and parental techniques _____

4. Does child have a comfort item for bedtime use?
_____ No _____
_____ Yes Specify: _____

5. Foods (likes or dislikes): _____

6. Favorite things to wear: _____

7. Favorite toys: _____

8. Play habits (alone, with others, if with others identify playmates and activities): _____

9. Favorite TV shows: _____

10. Typical day would be (Summer or during school year depending on time of conference)

11. With whom does the child spend time with when child is not with you?
_____ (Person) _____ (Relationship)
12. Describe the best things about your child: _____

13. Other comments: _____

C. School Age Child

Child's Name: _____

1. List sports child most likes to take part in (swimming, baseball skate boarding, bike):

2. List favorite hobbies (books, dolls crafts, music)

3. List best friends of the child (adult or other child):

4. Describe child's typical day (During Summer or School Year)

5. Describe eating habits (include favorite foods)

6. How does child like to dress?

7. List jobs or chores child has (babysitting, making bed, paper route etc.)

8. Describe places where... and people with whom child spends time when not with you

9. Describe the best things about your child:

10.) Other Comments:

III. Foster Parent's Response to child(s) first days in care

A. Initial impression of child(ren)

B. Any initial foster parent concerns/comments:

IV. Caseworker Input:

What are the current objectives for family and child: _____

Are referrals to counseling necessary

____ No, because: _____

____ Yes, List counseling agency _____

The projected length of foster care is: _____(Months)

Are other placements besides foster care being considered?

____ No, because _____

____ Yes, List _____

V. Foster Care Coordinators Check List

CHECK if Foster Parents have given on or by conference date:

____ Immunization Record

____ Social Security Card

____ Medical Card

____ WIC Coupons (where applicable)

____ Birth Certificate

____ Health Check Form

____ *Individual Child Care Agreement

____ *Med /ed. Form

____ *School letter indicating foster care placement (Date Sent)

For all unchecked items

Who will obtain _____

By when _____

Asterisked and bolded items are to be timely completed. If any are delinquent, why _____

VI. Conclusions:

As a result of this conference will any new activities be initiated for:

____ Biological parent ____ Foster parent ____ Case worker

If yes, specify what new activities will be initiated and who will initiate them:

Copies to all participants

1. _____ Parent(s)
2. _____ Foster parent(s)
3. _____ Caseworker
4. _____ Foster Care Coordinator
5. _____ Other Agency Staff