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| TFC Evaluation Date:        | Check One: [ ]  Initial Evaluation [ ]  Continuing Evaluation |
| TFC Parent Name:       | Evaluation Review Period From:       To:       (maximum of one year) |
| Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)Program Name: FFAST |

Per Medi-Cal Manual 3rd Edition, the TFC Agency must conduct at minimum one TFC Parent evaluation annually. The evaluation is strengths-based and solution-focused:

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| **TFC Agency Evaluation Questions**Program Name: FFAST |
| 1. \*Identify at least three strengths the TFC Parent displayed during the evaluation period:

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| Rate the following using the provided scale. Provide comments for any rating indicating ‘Area of Need’ or ‘Concern’ |
| 1. \*TFC Parent’s ability to implement TFC strategies as guided by the ‘Client Plan’ and Child Family Team:

[ ]  Meets Expectation [ ]  Area of Need [ ]  Area of ConcernComments:       |
| 1. \*TFC Parent’s ‘Daily Progress Note’ documentation and management of case records:

[ ]  Meets Expectation [ ]  Area of Need [ ]  Area of ConcernComments:       |
| 1. TFC Parent’s contribution to helping youth remain in a family/community like setting and avoid residential care:

[ ]  Meets Expectation [ ]  Area of Need [ ]  Area of ConcernComments:       |
| 1. TFC Parent provided a trauma informed environment for the youth that reduced risk for exposure to trauma/re-traumatization during the evaluation period:

[ ]  Meets Expectation [ ]  Area of Need [ ]  Area of ConcernComments:       |
| 1. The TFC Parent provided an environment that valued the youth’s culture and was free of discrimination and prejudice during the evaluation period:

[ ]  Meets Expectation [ ]  Area of Need [ ]  Area of ConcernComments:       |
| Child and Family Team (CFT) Input |
| 1. \*Provide input from the CFT regarding TFC services (if TFC services are not currently being provided utilize CFT Progress Notes/CFT Summary and Action Plans for input)

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| Additional Comments |
| 1. \*Provide additional comments, including any training needs or issues that must be addressed for the TFC Parent to continue to be successful in their role as a TFC Parent:

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The TFC Agency shall review the TFC Agency Evaluation, CFT Input and TFC Parent Self-Evaluation with the TFC Parent. A copy of the TFC Annual Parent Evaluation shall be provided to the TFC Parent and retained by the TFC Agency in TFC Parent’s record. Items with an \* are specified in the Medi-Cal Manual.

Completed by:

**TFC Clinical Lead Signature: ­­­­­­­­­­­­­­­** \_\_ **Date:**

Reviewed by:

**TFC Parent Signature: ­­­­­­­­­­­­­­­** \_\_\_\_\_ \_ **Date:**