

**County of San Diego Mental Health Plan  
Therapeutic Foster Care (TFC)  
Annual TFC Parent Self-Evaluation**

**COMPLETED BY:**

Certified TFC Parent

**REVIEWED AND CO-SIGNED BY:**

TFC Clinical Lead

**COMPLETION REQUIREMENTS:**

- TFC Parent self-evaluation occurs at minimum annually per Medi-Cal Manual 3<sup>rd</sup> Edition

**DOCUMENTATION STANDARDS:**

*The following elements of the TFC parent self-evaluation questions must be addressed*

**1. TFC Parent Name:**

- Include the TFC Parent's First and Last Name

**2. TFC Self-Evaluation Date**

- Include the date the evaluation was completed

**3. Evaluation Review Period**

- Include the start and end date of the evaluation review period
- The dates must align with the TFC parent's certification date and must not exceed a one-year timeframe

**4. Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period**

**5. Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period**

**6. Identify any additional trainings that would help you be successful in your role as a TFC Parent**

**7. Identify any additional resources or support, if any, that would help you be successful in your role as a TFC Parent**

**8. Additional Comments**

- Include additional comments or concerns that must be addressed

**9. Signature and Date**

- TFC Parent signs and dates form
- TFC Clinical Lead signs and dates form after reviewing with TFC Parent
- Wet signatures are not required