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| --- | --- |
| TFC Parent Name:       | TFC Parent Self-Evaluation Date:        |
| Evaluation Review Period From:       To:       (maximum of one year) |
| Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST) |

Per Medi-Cal Manual 3rd Edition, the TFC Agency must conduct a TFC Parent evaluation at minimum annually, which must include a Self-Evaluation from the TFC Parent

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| **Self-Evaluation Questions**Program Name: FFAST |
| 1. Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period:

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| 1. Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period:

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| 1. Identify any additional trainings that would help you be successful in your role as a TFC Parent:

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| 1. Identify any additional resources or support that would help you be successful in your role as a TFC Parent:

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| 1. Additional Comments:

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The TFC Parent Self-Evaluation is to be reviewed by the TFC Clinical Lead and incorporated into the TFC Parent Annual Evaluation

Completed by:

**TFC Parent Signature: Date:**

Reviewed by:

**TFC Clinical Lead Signature: ­­­­­­­­­­­­­­­**  **Date:**