

__JV__ - _____

QUESTIONS TO ANSWER BEFORE YOUR FACILITATION

What is the most important thing that you want people to know about your family?

What services do your children currently receive?

- | | |
|--|---|
| <input type="checkbox"/> Medical? | <input type="checkbox"/> After school activities? |
| <input type="checkbox"/> Dental? | <input type="checkbox"/> Academics? |
| <input type="checkbox"/> Counseling? | <input type="checkbox"/> Other? |
| <input type="checkbox"/> Mentoring? | <input type="checkbox"/> Therapy: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech |
| <input type="checkbox"/> Support groups? | |

Please Explain: _____

What services do you think your children may need that they are not currently receiving?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Medical? | <input type="checkbox"/> Support groups? |
| <input type="checkbox"/> Dental? | <input type="checkbox"/> After school activities? |
| <input type="checkbox"/> Counseling? | <input type="checkbox"/> Academics? |
| <input type="checkbox"/> Mentoring? | <input type="checkbox"/> Other? |

Please Explain: _____

What additional services would help you to parent your children successfully?

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Homemaking/ Housekeeping |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Domestic Violence Support |
| <input type="checkbox"/> Drug or Alcohol Treatment | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Grief Counseling | <input type="checkbox"/> Assistance with Criminal Fines |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Specialized Parenting |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Other |

Please Explain: _____

What is your current schedule including work, therapies, and other scheduled services?

Can you recommend any relatives or friends where it would be safe for your children to live if they can't live with you?

What else do you want everyone to know about you or your children?

Please list your name and relationship to the children:

Please provide responses to your attorney. Also, please remember to bring this document with you and arrive 15 minutes early on the day of your facilitation. Parent counsel should also email to facilitator at least 72 hours in advance of scheduled facilitation.