

PARTNERSHIP GUIDE

Family Name:	Caseworker Name:
Date of Planned Visit:	Location of Planned Visit:
Time of Planned Visit:	Duration of Planned Visit:
Individuals to Attend Planned Visit:	

Focus and Purpose		
Family Items to Cover	Caseworker Items to Cover	Family Case Plan Concern Impacted

Review				
Date Visit Held:		Location of Visit:		
Time of Visit:		Duration of Visit:		
Individuals Present/Attending				
What did you like best about today's visit? Why?				
What did you like the least about today's visit? Why?				
How do you feel about the progress of the visit today?				
1 (Terrible)	2 (poor)	3 (ok)	4 (Good)	5 (Great)
How do you feel we stayed on focus with our plan today?				
1 (Terrible)	2 (poor)	3 (ok)	4 (Good)	5 (Great)
How well did we address your concerns and questions?				
1 (Terrible)	2 (poor)	3 (ok)	4 (Good)	5 (Great)
What are your suggestions that may assist in making our future visits better?				