



FAMILIES FIRST WORK SERVICES

FAMILIES FIRST FEEDBACK AND RECOMMENDATIONS

Date:	Community:	Family Support Team ____ Local Leadership Team ____
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Team Members

Name:	Agency/Program:	Title:

Description of Issue:

Policy Implication:

Desired Outcome:

Recommendation:

(To be completed by Division Leadership)

Staff Identified for Follow-Up:			
Leadership's Overall Response:			
Task #	Action Needed:	Date Started:	Date Completed:
1			
2			
3			
4			
5			

Notes:

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FF Feedback and Recommendations Form Instructions:

The front side of this form is to be completed by Families First Facilitators.

1. Form is filled out by Families First Facilitator and name of community/city.
2. Circle the source of feedback, whether from a Family Support Team or Local Implementation Team.
3. List team members present who agree to be sources of feedback, including agency and title. No natural supports or family members to be listed directly – their input is reflected and represented by team members associated with agency/program.
4. Describe issue concern as it relates to systemic obstacles that interfere with smooth collaboration and family-centered service implementation.
5. Cite issue as it may relate to potential changes to existing policies.
6. Identify desired outcome, describing in general what is needed (not the solution).
7. Describe possible solutions stated as recommendations based on team input/ideas.

The back side of this form is to be completed by Divisional Leadership.

8. At the Leadership's level, a leader identifies staff best suited to address issue.
9. Leadership writes an overall general response to issue brought forth.
10. If action is decision of the leadership, then the leadership completes the task/action section with start and completion dates.
11. Notes – Anything additional, necessary to resolution of issue.