

**CSA Office – Goochland County
Provider Evaluation Form – FAPT Version**

Provider:	Provider Representative:	Date of FAPT Meeting:	FAPT Case #
-----------	--------------------------	-----------------------	-------------

0 =Unsatisfactory 1 =Satisfactory 2 = Very Satisfactory

Critical Areas:	0	1	2
Provider Representative was prepared for the FAPT meeting (i.e. arrived on time, appropriate appearance, knowledgeable of the youth's issues)			
Provider's Reports were (1) available, (2) well-written, (3) addressed treatment issues, and (4) timely.			
Provider was able to answer FAPT questions regarding client progress, and service delivery, according to all FAPT domains.			
Provider discussed specific plans for discharge including step down to lower levels of care.			
Youth was present for the FAPT meeting and appearance was appropriate (neat, well-groomed).			
The Services provided meet the expectations of the FAPT in regards to the DSS Foster Care Service Plan and IFSP.			

Comments:

FAPT discussed and resolved issue with Provider during meeting: YES/ NO

Provider's Management notified of areas of concern: YES/ NO DATE: _____

Notes:
