

FAMILY PARTNERSHIP MEETING
SUMMARY REPORT

Date _____

On OASIS _____

| | | | | |
|---|-----------|------------------|---------------------|-----------|
| <u>Purpose of Meeting (Underline 1)</u> | | | | |
| Emergency Removal | High Risk | Placement Change | Permanency Planning | Follow up |

Family Name _____ Case Number _____

Social Worker _____ Supervisor _____

Facilitator _____

Child(ren) Discussed at Meeting

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Situation That Prompted Meeting

Decision Results From Meeting

Placement _____

Custody _____

Action Steps

WHO

WHAT

By When

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Signatures of Participants (SIGNATURE VERIFIES ATTENDANCE NOT AGREEMENT)

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