

Facilitation Summary

The facilitator will send a copy of the Facilitation Summary to facilitations@arcourts.gov and all attorneys of record within 72 hours following the facilitation. The Administrative Office of the Courts will advise the court that facilitation took place and that the summary has been sent to all attorneys of record.

Facilitator Name: _____

Mediator Certification #: _____

Court Order Date: _____

Facilitation Date: _____

Length of Facilitation: _____

Location of Facilitation: _____

Persons In Attendance (Note: everyone signed the Agreement to Participate in Facilitation)

NAME	TITLE (optional)			NAME	TITLE

*The following Facilitation Summary is a comprehensive form, and certain sections may **not be applicable** to the facilitation. The facilitator should **use only the applicable sections** when creating their Facilitation Summary and may leave portions blank that are inapplicable.*

Child Number 1: _____ (name) _____ (dob)

Data collection on Child 1

Current Placement: _____

Medical issues: _____

Mental Health Diagnosis: _____

Diagnosed Educational Delays: _____

Other Disabilities: _____

Upcoming Appointments

Medical appointments: _____

Mental health appointments: _____

Other appointments: _____

Medical

What are the parents concerned about? _____

What are the foster parents concerned about? _____

What's the team concerned about? _____

What needs to happen before the next hearing? _____

What additional orders are needed from the court at the next hearing? _____

Education

What are the parents concerned about? _____

What are the foster parents concerned about? _____

What's the team concerned about? _____

What needs to happen before the next hearing? _____

What additional orders are needed from the court at the next hearing? _____

Other Notes: _____

Priorities for Child 1

Priority 1: _____

Priority 2: _____

Priority 3: _____

Priority 4: _____

Priority 5: _____

Child Number 2: _____ (name) _____ (dob)

Data collection on Child 2

Current Placement: _____

Medical issues: _____

Mental Health Diagnosis: _____

Diagnosed Educational Delays: _____

Other Disabilities: _____

Upcoming Appointments

Medical appointments: _____

Mental health appointments: _____
Other appointments: _____

Medical

What are the parents concerned about? _____
What are the foster parents concerned about? _____
What's the team concerned about? _____
What needs to happen before the next hearing? _____
What additional orders are needed from the court at the next hearing? _____

Education

What are the parents concerned about? _____
What are the foster parents concerned about? _____
What's the team concerned about? _____
What needs to happen before the next hearing? _____
What additional orders are needed from the court at the next hearing? _____

Other Notes: _____

Priorities for Child 2

Priority 1: _____
Priority 2: _____
Priority 3: _____
Priority 4: _____
Priority 5: _____

[Add additional children here]

PARENT: _____ (name) _____ (dob)

Medical issues: _____
Mental Health Diagnosis: _____

Strengths: _____

Supports: _____

What's working well since the last hearing? _____
What's Parent concerned about? _____
What's the team concerned about? _____
What needs to happen before the next hearing? _____
What additional orders are needed from the court at the next hearing? _____

OTHER PARENT: _____ **(name)** _____ **(dob)** _____

Notes: _____

Case Plan

Status of Progress Toward Case Plan Goals	Status

Transitional Youth Services	Status

Needs:

1. _____
2. _____
3. _____
4. _____
5. _____

Initial Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Steps toward the concurrent goal of guardianship or adoption with a fit and willing relative:

1. _____
2. _____
3. _____
4. _____
5. _____

Family Time Notes:

New Tasks	Who is responsible	Due Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Next Facilitation Meeting:

Next Court Hearing:

Facilitator believes additional Facilitations may be needed.

*Section to be completed internally by the Administrative Office of the Courts.

DN Petition: ___Emergency ___Nonemergency

Findings of DN:

- Abandonment Abuse Dependent Meth Dwelling
Neglect Parental Unfitness Sexual Abuse Sexual Exploitation

Milestones and hearing status (please state the dates each of the following were heard or are scheduled):

Removal _____
Probable Cause Hearing _____
Adjudication Hearing _____
Review Hearing (all dates) _____
Permanency Planning _____
TPR Hearing (include grounds if order is entered) _____

Case Plan Goal: _____ Date Set or Ordered: _____

Concurrent Goal: _____ Date Set: _____