

# **Solution Focused Meeting (SFM) Notes**

Case Information			
Children's Names			
Parent/Caregiver Name	Parent/Caregiver/Noncusto	Parent/Caregiver/Noncustodial Names	
Date of Meeting	Facilitator Name	Milestone	
Next Court Hearing Date and Time	Type of Hearing		

## **Meeting Goal**

## **Family Story**

### **Family Level Outcomes**

### **Individual Level Outcomes**

Name of Plan:	
Strengths:	
High Risk Situation(s):	
Warning Signal(s):	
Task(s) to Be Accomplished	How Is It Noticed?
Prevention Tasks:	
Interruption Tasks:	
Escape Tasks:	
Safety (Backup) Plan:	
How Will Change Be Celebrated?	
Name of Plan:	
Strengths:	
High Risk Situation(s):	
Warning Signal(s):	
Task(s) to Be Accomplished	How Is It Noticed?
Prevention Tasks:	
Interruption Tasks:	
Escape Tasks:	
Safety (Backup) Plan:	1
How Will Change Be Celebrated?	

Action Plans- if applicable



Signatures and Notifications	

Invited Team Members	Role	Contact Information	Attended
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
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			☐ Yes ☐ No
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