**Partnership Guide**

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| Family Name: |  | Caseworker Name: |
| Date of Planned Visit: | | **Location of Planned Visit:** |
| Time of Planned Visit: | | **Duration of Planned Visit:** |
| Individuals to Attend Planned Visit: | | |
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| Focus and Purpose | | | | | |
| Family Items to Cover | | **Caseworker Items to Cover** | | **Case plan Concern Impacted** | |
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| Review | | |
| Date Visit Held: | **Location of Visit:** |
| Time of Visit: | **Duration of Visit:** |
| Individuals Present/Attending | |
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| What did you like best about today’s visit? Why? | |
| What did you like the least about today’s visit? Why? | |
| How do you feel about the progress of the visit today?  1 (Terrible) 2 (poor) 3 (ok) 4 (Good) 5 (Great) | |
| How do you feel we stayed on focus with our plan today?  1 (Terrible) 2 (poor) 3 (ok) 4 (Good) 5 (Great) | |
| How well did we address your concerns and questions?  1 (Terrible) 2 (poor) 3 (ok) 4 (Good) 5 (Great) | |
| What are your suggestions that may assist in making our future visits better? | |