



\_\_\_\_\_

\_\_\_\_\_

**Establish Tentative Date /Time:**

Date / Time \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ am / pm

**Food**

- Family Meal  Y  N
- Menu determined: \_\_\_\_\_
- Person(s) responsible for food: \_\_\_\_\_
- Special diets: \_\_\_\_\_

**Transportation**

- Transportation needed  Y  N
- Arrangements made

**Out of Town Participants**

- Transportation / lodging needs  Y  N
- Arrangements made

**Special Needs**

- Handicap / Disabilities  Y  N
- Language / Transportation  Y  N
- Arrangements made

Translator Name / Phone #: \_\_\_\_\_

Other: \_\_\_\_\_

**Extended Family Contact:**

- Contacted Extended Family  Confirmed agreement with **Purpose**
- Obtain views of extended  Arrangements made

**Facilitator Matching**

Facilitator Name / Phone #: \_\_\_\_\_

**Pre-Conference**

- Date / Time secured: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ am / pm
- Location secured: \_\_\_\_\_
- Service Providers Contacted and invited
- Information Providers / Guest Speakers identified and invited to the conference (if approved by the family)
- Pre-Conference Sign in Sheet

**Facilitator Consult**

- Coordinator consults with Facilitator

- Facilitator receives Facilitator Packets
- Arrangements made

**Conference**

- Date / Time secured: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am / pm
- Location secured: \_\_\_\_\_
- Invitation letters sent (see attached mailing list)

**Supplies Needed**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Easel   | <input type="checkbox"/> Markers         | <input type="checkbox"/> Blue Tape         | <input type="checkbox"/> Sign in Sheet   |
| <input type="checkbox"/> Flip Chart                                      | <input type="checkbox"/> Pens / Tablets  | <input type="checkbox"/> Dry erase markers | <input type="checkbox"/> Name Tags       |
| <input type="checkbox"/> Table Cloths                                    | <input type="checkbox"/> Coffee Supplies | <input type="checkbox"/> Signs to Post     | <input type="checkbox"/> Food/Drinks/Ice |
| <input type="checkbox"/> Serving Trays                                   | <input type="checkbox"/> Plates          | <input type="checkbox"/> Cups/Napkins      | <input type="checkbox"/> Spoons/utensils |
| <input type="checkbox"/> Coordinator folder all laid out for Facilitator |  |  |  |
| <input type="checkbox"/> Family / Professionals Initial Survey           |  |  |  |
| <input type="checkbox"/> Resource List                                   |  |  |  |
| <input type="checkbox"/> Other _____                                     |  |  |  |

**Set up Room for FGDM Meeting**

- Arrange room for comfort of participants
- Location has ample area for breaks and waiting area
- Sign-In sheet near door
- Name tags (if Family has agreed to use them)
- Easels and Markers
- Any audio/visual equipment needed
- Teleconference equipment
- Service provider laminated cards(roles)

**Date: FGDM Conference held** \_\_\_\_\_

*Attach sign in sheet*

**AFTER THE MEETING**

- Complete Family Plan Form
- Distribute and collect surveys
- Collect all supplies and equipment
- Ensure area is clean and restored to original status
- Complete Facilitator Time Sheet

**THE FAMILY PLAN**

- Family Plan Draft Typed up
- Family Plan reviewed
- Family Plan mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: The Written Summary is mailed to everybody that was invited to the meeting, within 8 business days.**

BM 7/01/04