2020

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
TFC Parent Annual Evaluation – TFC Agency Version

COMPLETED BY:

TFC Clinical Lead

REVIEWED BY:

Certified TFC Parent

COMPLETION REQUIREMENTS:

- TFC Parent Evaluation must occur at a minimum annually per Medi-Cal Manual 3rd Edition
- TFC Parent Evaluation must be strengths-based and solution-focused and incorporate input from the Child and Family Team (CFT)

DOCUMENTATION STANDARDS:

The following elements of the TFC Agency Evaluation questions must be addressed

1. **TFC Evaluation Date**
   - Include the date the evaluation was completed
2. **Must select 'Initial Evaluation' or 'Continuing Evaluation'**
3. **TFC Parent Name**
   - Include the TFC Parent's First and Last Name
4. **Evaluation Review Period**
   - Include the start and end date of the evaluation review period
   - The dates must align with the TFC parent's certification date and must not exceed a one-year timeframe
5. **TFC parent's strengths**
   - Identify at least three strengths of the TFC Parent
6. **For questions #2 - #6, complete the following:**
   - Select 'Meets Expectation,' 'Area of Need,' or 'Area of Concern'
   - Provide comments for any rating indicating 'Area of Need' or 'Area of Concern'
7. **Child and Family Team (CFT) Input**
   - Include a summary of feedback from the CFT that is strengths-based
   - If TFC services are not currently provided, include feedback previously received from CFT Progress Notes/CFT Summary and Action Plans
8. **Additional Comments**
   - Include any training needs or concerns that must be addressed
   - Comments must be strengths-based and solution focused
9. **Signature and Date**
   - TFC Clinical Lead signs and dates form after reviewing with TFC Parent
   - TFC Parent signs and dates form after reviewing with TFC Clinical Lead
   - Wet signatures are not required