2020

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
Annual TFC Parent Self-Evaluation

COMPLETED BY:

Certified TFC Parent

REVIEWED AND CO-SIGNED BY:

TFC Clinical Lead

COMPLETION REQUIREMENTS:

- TFC Parent self-evaluation occurs at minimum annually per Medi-Cal Manual 3rd Edition

DOCUMENTATION STANDARDS:

The following elements of the TFC parent self-evaluation questions must be addressed

1. **TFC Parent Name:**
   - Include the TFC Parent's First and Last Name
2. **TFC Self-Evaluation Date**
   - Include the date the evaluation was completed
3. **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
4. **Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period**
5. **Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period**
6. **Identify any additional trainings that would help you be successful in your role as a TFC Parent**
7. **Identify any additional resources or support, if any, that would help you be successful in your role as a TFC Parent**
8. **Additional Comments**
   - Include additional comments or concerns that must be addressed
9. **Signature and Date**
   - TFC Parent signs and dates form
   - TFC Clinical Lead signs and dates form after reviewing with TFC Parent
   - Wet signatures are not required