Please fax to The Resolution Center at (315) 785-0322

FAMILY TEAM MEETING PARTICIPANT LIST **CHILD/FAMILY: _____**

(Relatives, Family Friends, Attorneys, Counselors, Clergy, Teachers, Foster Parents, etc.)

Planned/possible Participants (Persons to be invited to the Family Team Meeting)	Relationship/Role	Mailing Address (E-mail address, if available)	Parent's Initials	Phone #s	Left Message	Sent Letter	Spoke with

By signing below, I/We hereby authorize The Resolution Center to do the following:

- discuss my/our family's involvement in Family Team Meetings with the above listed individuals and/or representatives of the above listed agencies for the purpose of preparing for our Family Team Meetings,
- and forward our Family Plan to the above listed individuals and/or representatives of the above listed agencies where we have initialed our agreement.

_____ _____

parent/guardian signature Date parent/guardian signature Date

SAMPLE