

Family Group Decision Making Conference Referral Form

Date of Referral: _____

Name of Social Worker: _____

Family Name: _____

Parent(s): _____

Child(ren): _____

Why do you want a family conference? What is your goal(s) or purpose?

Who would you anticipate attending the conference (i.e. teacher, aunt, grandfather, neighbor, IM worker, foster parents, supervisor, etc.)?
Please use the back of this page for additional parties.

Name

Relationship

How soon would you like to see this conference take place? _____

*Please note that it will take approximately two weeks prep time to schedule a conference.

Please submit form to Dave Madjerich.