

Q14. Who participated in the development of the service plan? (Evidence of participation includes signatures of attendees on the plan, or attendees mentioned as being present for the meeting) *First CFT date:

a	Child's caregiver or guardian	No	Yes	
b	Child	No	Yes	
c	Other family member	No	Yes	
d	Care Coordinator	No	Yes	
e	Therapist	No	Yes	
f	Other mental health staff (behavioral aide, respite worker, clinical director)	No	Yes	Specify:
g	Education staff (teacher, counselor)	No	Yes	Specify:
h	Child welfare staff (case worker)	No	Yes	Specify:
i	Juvenile justice (probation officer)	No	Yes	Specify:
j	Health staff (pediatrician, nurse)	No	Yes	Specify:
k	Family advocate	No	Yes	Specify:
l	Other	No	Yes	Specify:
m	Other	No	Yes	Specify: