

**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