**Meeting Observation Shadow Form**
**Case Transfer / Initial Meeting / Family Team Meeting / Child Safety Meeting**

**Section 1**
(Please complete section 1 with your Supervisor)

Mentor Name_____Date of Shadow Experience _____

CW Specialist's Name _____

Purpose of Meeting: Case Transfer ☐ Initial Meeting ☐ FTM ☐ CSM ☐

1) Explain how the CW Specialist prepared for the meeting.

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2) Name all attendees and their roles with the agency or family.

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3) Summarize the purpose of, discussions, and reactions to the meeting.

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4) CW Specialists observation as to how this process will assist the CW Specialist, child and family.

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