**FAMILY TIME ARRANGEMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:**  |  | **Mosaic ID:**  |  | **Date:**  |  |

|  |  |  |
| --- | --- | --- |
| **What are we worried about?**  | **What is working well?**  | **What needs to happen?** |
|   |   |   |
| **Where would you rate risk on a scale of 0-10? 10 means I am not worried about *(insert young person’s name)* having contact and zero means I believe *(insert young person’s name)* is at risk of being harmed if contact is not supervised.** |
| 100*Please add ratings and rationale* |