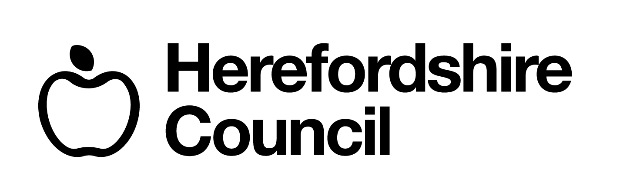
**FAMILY TIME ARRANGEMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.** | | |
| 10  0  *Please add ratings and rationale* | | |