

“Co-parenting Icebreaker Meeting”

FSFN Case Name:	
FSFN ID Number:	
Child(ren):	
Biological Parent(s):	
Foster Parent(s)/Caregiver(s):	
Attendees:	
Date/Time/Location:	
Description of meeting (Parent’s level of engagement, temperament, timeliness, etc.)	
Court Ordered Visitation Plan:	
Communication Plan After Icebreaker:	
Any Additional Comments:	

Attachments: About My Child, Eco-Map