



Think Family Social Work Assessment
MD Team Professional Feedback Form

Unique ID Number:	
Date:	
Team:	
Profession: <ul style="list-style-type: none">- Psychiatrist- Nurse- OT- Physiotherapist- Peer Support Worker- TF Support Worker- S & L- S Worker	
• Has the TFSWA helped your understanding of the issues within the family	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)
• Has the TFSWA helped with the family recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)
• Has the TFSWA helped your understanding of the contribution social work makes to the parental Mental Health issues within the family	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)
• Has the TFSWA helped your understanding of the importance of a systematic approach to practice using The Family Model? (A. Falkov 2012)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)
• Would you wish to continue to avail of this approach?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)
• Any other comments	

DRAFT