

Team Meeting Summary Form

Date: _____

Location: _____

Team Meeting for: _____
name of child

Team Leader: _____
name of parent

Support Person/Recorder: _____
name, organization

- _____
- _____
- _____
- _____
- _____

Purpose of Meeting: _____

Intended Outcome(s) of Meeting: _____

Action Item #	Discussion	Action Required	Person Responsible for Action	Date to be done by	Done √
1.					
2.					
3.					
4.					