

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TEAM MEETING SUMMARY**

☐ NHTD Waiver

☐ TBI Waiver

Date and Time of Meeting: \_\_\_\_\_ at \_\_\_\_\_ am ☐ pm ☐

Date and Time of last Meeting: \_\_\_\_\_ at \_\_\_\_\_ am ☐ pm ☐ N/A ☐

Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Provide a brief summary of the current goals included in the participant's plan:

**Participant's Comments:**

**1.Does the participant feel as though he/she has met these goals? If not, why?**

**2.Does the participant want to change and/or add to his/her goals? Describe.**

**3.Does the participant feel the supports and services he/she receive support the Service Plan goals?**

☐ Yes ☐ No

**Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Comments:**

**1. What goals have been attained? What goals should be continued and what goals, if any, should be discontinued?**

**2. How were issues from the last team meeting addressed since the team meeting was held?**

**3. Have these issues been resolved?** ☐ Yes ☐ No

**3a. Which issues, if any, are still unresolved?**

☐ Not Applicable

**3b. How were these issues addressed during the team meeting?**

☐ Not Applicable

**Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**4. Outstanding Health and Welfare Concerns:**

**4a. Actions required:**

**5. Roadblocks to goal attainment:**

**5a. Actions required:**

**6. New Issues not previously presented in the Plan and action required:**

**7. Participant's and provider's recommendations for changes in the Service Plan:**

**8. Any other important comments addressed in the meeting that were not covered by the questions above:**

**Date for next Team Meeting:** \_\_\_\_\_

Participant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TEAM MEETING SUMMARY**

**ATTENDANCE:** List all service on the approved service grid, only include those services where would be appropriate

| Service<br>The participant utilities the following<br>services: | Attendee Signature | Agency Name | ISR<br>Submitted?<br>(Y) (N) (N/A) |
|---|--------------------|-------------|------------------------------------|
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Participant (and/or Guardian, if applicable) Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Service Coordinator/Agency \_\_\_\_\_ /A1 Service Coordination \_\_\_\_\_ Date \_\_\_\_\_