Child: ______________________ Date: / / Time: ______________________

Lead Teacher: __________________________________________________________

Agency: ______________________________________________________________

TEAM MEETING RESULTS

Program Updates: (Include/attach current programs, changes to programs, new and deleted programs. Use reasons for these changes.)

Behavioral Updates: (Describe interfering behaviors and team responses to the behavior. Include behaviors occurring outside sessions in the home, community, etc.)

Parental Involvement: (Describe parent's goals and objectives, techniques they are learning and using and strategies for generalization.)

Scheduled Date/Time for next Team Meeting:

Speech Therapy • Physical Therapy • Occupational Therapy • Special Instruction • Social Work • Psychology

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