Clear Form

Team Meeting Report

Individual's Name: _____

Address: _____
Street Address *City* *State* *Zip Code*

Home Phone: _____ Cell Phone: _____

Date of Meeting: _____ Contract Name: **Supplemental Employment Services**

DRS Counselor: _____ Contact Phone: _____

Meeting Format: Select Format

Team Members Present:

Summary of Meeting:

Next Steps to be taken:

EC: _____ Date: _____