



# TEAM MEETING NOTE (Licensed Supervisor/Behavior Treatment Therapist)

CHILD NAME: \_\_\_\_\_ MONTH/DAY/YEAR: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Names of Parent, Caregivers, and Team Members Present \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning Objectives Targeted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Outcome of the Learning Objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Goals Resulting from the Meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



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