**Sample Service Facilitator Service Planning Meeting Note**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Service:** |  | | | | | | | |
| **Consumer Name:** |  | |  | |  | | | |
| **Type of Contact:** | Face to faceOther (specify): | | | | | | | |
| **Place of Service:** |  | | | | | | | |
| **Contact Time:** |  | | | | | | | |
| **Travel time** |  | | | | | | **Mileage:** |  |
| **Recordkeeping Time:** | |  | | | | | | |
| **Provider Name:** |  | | | **Agency:** | |  | | |

**Participants:**

Consumer:

Parent/Guardian:

Service facilitator:

Mental health professional:

Substance abuse professional:

Therapist:

Other Provider(s):

Natural Support(s):

**Documents Reviewed:**

Assessment Summary Initial  Update

Service Plan Initial Review / Update

**Summary of meeting and progress:**

**Significant events impacting the service plan and overall consumer functioning:**

**Consumer (parent) request for changes in services:**

**Team member suggestions:**

**Consumer (parent) response to / participation in meeting including satisfaction with services:**

**Plan/follow up:**