**Sample Service Facilitator Service Planning Meeting Note**

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| --- | --- |
| **Date of Service:** |       |
| **Consumer Name:** |       |  |  |
| **Type of Contact:** | [ ] Face to face[ ] Other (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:**