

Team Meeting Minutes

Zone: _____ Date: _____

Child's Name: _____ DOB: _____

MMI#: _____ ICD-9: _____ 99368TT Units: _____

Child's Address: _____

SC Name: _____ PSP: _____

Summary of progress:

Questions for our team:

Strategies and Suggestions:

Is an IFSP review meeting required? YES / NO

Follow up (who, what, when?) _____

Team Members

Nicole Basora, Service Coordinator Title

Alvin Santa-Ana, ITDS Title

Kelle Dixon, PT Title

Carol Patton, OT/R Title

Denise Williams, RN Title

Afton Gillis, MA, CCC-SLP Title

Yudelka DePena, Service Coordinator Title

Dr. Rachel Cohen,

Jeremi Grosser, MS, CCC-SLP; Staff & Provider Support

NAME, Title

Reviewed on _____ by _____ and _____
Date Caregiver PSP