

House/Program Area Meeting Notes

House		Date	Date	
		Start Time	e End Time	
Please talk ab	out and check off these topi	cs every meeting!!		
□ Medio	cation Training:			
□ Behav	vior Plan Training;			
□ Progr	ress Notes/Daily Documenta	ntion & PCSP Goals		
□ Servi	ces Specific to Consumer(s)	Specifically any health conc	erns	
□ Huma	an Rights			
Other Inform	nation:			
Attendance:				
Name	/ Signature	Name	/	
Name	/	Name	Signature	
Name	/	Name	/	
Name	/	Name	Signature	
Name	/ Signature	Name	/ Signature	