



Contact Note

Contact Information			
Family Name:		Identified Youth Name:	
Date:	Start time:	End time:	Total time:
Contact Type			
<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email/Text <input type="checkbox"/> Written Communication <input type="checkbox"/> Other			
Purpose of Contact			
<input type="checkbox"/> Team meeting prep <input type="checkbox"/> Provide support <input type="checkbox"/> Need identification <input type="checkbox"/> Consultation /Team or provider <input type="checkbox"/> Engaging youth/family <input type="checkbox"/> Building Natural Supports		<input type="checkbox"/> Completion of action steps <input type="checkbox"/> Check in on action steps <input type="checkbox"/> Team meeting <input type="checkbox"/> Gathering information <input type="checkbox"/> Resources <input type="checkbox"/> Other	
Participants Involved/Present			
Name	Relationship	Name	Relationship
Current Goals/Actions Steps Addressed			
1. 2. 3. 4. 5.			
Celebrated Successes			

Narrative

Signature:

Date:

Next Contact: