|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  |  | **CLIENT INFORMATION:** |
| PRESENTER: |  |  | Age: |  |
| AGENCY: |  |  | Gender: |  |
|  |  |  | Town of Residence: |  |
|  |  |  | Insurance: |  |
|  |  |  | Referral Source: |  |

|  |
| --- |
| **BRIEF HISTORY/BACKGROUND OF CLIENT:** |
|  |
| **PRESENTATION ELEMENTS:** |
| **1.** | Presenting problem/issue identified by family: |
|  |
| **2.** | Other problems/issues identified through the CC process: |
|  |
| **3.** | Agencies/Individuals involved with child/family: |
|  |
| **4.** | Actions taken: |
|  |
| **5.** | Outcome(s) from the perspective of the Care Coordinator and from the family: |
|  |
| **6.** | Positive outcomes: |
|  |
| **DISCUSSION QUESTIONS (For Internal Use only/Completed After the Meeting):**  |
| **A.** | What could have been done differently/lessons learned? |
|  |
| **B.** | Recommendations? |
|  |