FCBDD

Rev. 3/25/16

Support Strategies Review Minutes

Attendance Sheet

Behavior Specialist’s Name: Consumer’s Initials:

Date of Meeting:       Month(s) / Year Reviewed:

Location of Meeting:

 CHECK ONE:

 Printed Name Signature Position Continue Continue Discontinue With Changes

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Other Persons Contacted About This Meeting:

 CHECK ONE:

 Name Title/Position/Agency Date Phone E-Mail

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Next Meeting: (Date, Time, Location)

Attach to Support Strategies Review Minutes