# Sample Follow-Up Meeting Form

Date of Meeting:

| **Roles** | **Attendance** |
| --- | --- |
| Student’s Name |       Is the student in attendance? [ ]  Yes [ ]  No |
| Parent(s), Guardian(s), or Family Member(s) in attendance: |       |
| Assigned Case Manager: |       |
| School Personnel in Attendance: |       |
| Other:  |       |

## Updates:

Update on the student’s status including any current mental health treatments or counseling:

Have the parent/guardians been offered the release of confidential information form to allow the school to communicate with outside mental health providers or doctors?

Are there any recommendations by outside mental health agency, therapist, doctor, etc.?

## Assistance Planning:

Assistance plan for student:

Strategies and considerations for handling questions about the student’s absence, missed work, communication with staff members not at the meeting.

Assistance plan for parents/guardians:

Referrals to community based teams or service providers:

## Action Planning

After the meeting what needs to be done to ensure the plan is implemented?

| **Action/Task** | **Who is responsible:** | **Completion Date:** |
| --- | --- | --- |
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**Follow-up Meeting Date:**