

DATE (i.e., 8/29/01)	TIME SEEN	<u>ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS</u> Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg. Must have one note entry for every contact made
Date	Time:	Location of FF Contact/No Show: _____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Describe interactions/communications/outcome/plan: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Date	Time:	Location of FF Contact/No Show: _____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Describe interactions/communications/outcome/plan: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Date	Time:	Location of FF Contact/No Show: _____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Describe interactions/communications/outcome/plan: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

**Legal Guardian or Caregiver's
 Signature**
 Date _____

Provider's Signature
 Date _____

Care Coordinator's Signature
 Date _____