

POST MEETING REPORT

Child's Name: _____

Reporting Therapist's Name: _____

Date of Meeting: _____

Service Coordinator: _____

This was an: Annual 6 month review update

Did services change as a result of the meeting? Y or N

If yes, please complete below:

Increases:

Service Type (ex: speech)	Units per session	# of sessions per year

Decreases:

Service Type (ex: speech)	Units per session	# of sessions per year

Services Added:

Service Type (ex: speech)	Units per session	# of sessions per year

Services Discharged:

Service(s) Discharged	Complete Discharge from EI?(Yes or No)	Eco Complete? (Yes or No)	ECO Paperwork submitted? (Yes or No)