

**CHILD/FAMILY SERVICES
INSERVICE OR GENERAL STAFF MEETING RECORD**

Service Options:

___ Center Based ___ Home Based ___ FCCH

Location _____

Date _____

Participants (indicate number)

Signatures of Participants

___ Teacher ___ Delegate Staff
___ Aide ___ Nurse/Health Aide
___ Volunteer ___ FSW
___ Parent ___ Central Staff/Coordinators
___ Other (*specify*) _____

Topic(s) of meeting _____

Content summary (*brief description*) _____

Follow-up plans (*specify*)

1. _____
2. _____
3. _____
4. _____
5. _____

Distribution: White - Center Yellow - Delegate/DO Pink - Center