

# Staffing Meeting Report

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

LRS Counselor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ **Meeting Format:** \_\_\_\_\_

Team Members Present:

Summary of Meeting:

Next Steps to be taken:

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_