

**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