Ellen Cooper, MA,CCC/SLP
Director

COOPER KIDS THERAPY ASSOCIATES

Child:_____ Date: ____/____/____ Time:_____

Lead Teacher:_____

Agency:_____

TEAM MEETING RESULTS

Program Updates: (Include/attach current programs, changes to programs, new and deleted programs. Use reasons for these changes.)

Behavioral Updates: (Describe interfering behaviors and team responses to the behavior. Include behaviors occurring outside sessions in the home, community, etc.)

Parental Involvement: (Describe parent's goals and objectives, techniques they are learning and using and strategies for generalization.)

Scheduled Date/Time for next Team Meeting:

COOPER KIDS THERAPY ASSOCIATES

ABA TEAM MEETING ATTENDANCE SHEET

Child _____ **Date:** / / **Time:**

Name (Print)	AGENCY	SIGNATURE & TITLE