

Meeting Follow-up Worksheet

Date:	Youth Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Parent/Guardian Name(s):	
Type of Meeting:	Meeting Date:
SOC Staff Present at meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name:

While we were planning, you said you would consider the meeting a success if:

Do you consider the meeting a success? Yes No

For the most part, did you achieve the things you wanted to at the meeting? Yes No

For the most part, were your biggest issues addressed? Yes No

If you were going to do the meeting over again, is there anything you wish you could have done differently?

What's something that went well at the meeting?

Staff Name: _____ Date: _____