

# Meeting Plan Worksheet

Date:	Youth Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Parent/Guardian Name(s):	
Upcoming Meeting (type):	Upcoming Meeting Date:

The biggest issues that I need to have addressed at the meeting are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The most important things I want to achieve at the meeting are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I will consider this meeting a success if:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to be prepared for this meeting I need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_