

Group Leader Team Meeting Preparation Form

Group Leader Team Meeting Form is used by the Group Leader in order to establish the specific agenda for the Team Meeting. It includes the topic, goal, objective, and outcomes, as well as planning the follow up objectives for the next meeting. This information is submitted to the Director or designee's office by 2:00 PM the day following the Team Meeting.

Facility: _____

Housing Unit: _____

Group Leader: _____

Group Meeting Date: _____

Meeting Time (am/pm)	Meeting Duration	Meeting Lead By	Staff Observing Meeting (name and job title)

MEETING TOPIC.

IF THE PLANNED TOPIC CHANGED, PLEASE LIST THE REASON FOR THE CHANGE.

IMPACT TO THE GROUP AND OUTCOMES OF THE MEETING.

FOLLOW UP PLAN LEFT FOR THE STAFF TEAM.

GENERAL STRUCTURE
(i.e. standard opening summary e.g. please list)

_____	_____
_____	_____
_____	_____
_____	_____

Group Leader Team Meeting Minutes

Group Leader or designee:

Date of Team Meeting: _____ Housing Unit: _____

Staff Present (sign in):

Reviewed By:

Name

Date

Group Leader Team Meeting Minutes

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Youth Upcoming Important Dates:
(birthdays, court, graduations, important visits, etc.):

Staff Upcoming Important Dates:

Upcoming Staff Training:

Partner Input (School/Contracted Health Care Provider/Other):

Group Assessment (how is the group doing as a whole):

Group Leader Team Meeting Minutes

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Individual Assessments:

(start with a couple of strengths then areas of improvement)

Youth: _____

Youth: _____

Youth: _____

Youth: _____

Youth: _____

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Youth: _____

Youth: _____

Youth: _____

Youth: _____

Youth: _____

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Stage Review:

Consider the youth up for level review

Group Treatment Goals:

Pick Three Goals & Strategies for Each Goal

Goal 1: _____

Strategy: _____

Strategy: _____

Goal 2: _____

Strategy: _____

Strategy: _____

Goal 3: _____

Strategy: _____

Strategy: _____

Group Meeting Schedule for the Week:

Group leader or designee to Complete – 5 for the Week

Group Meeting 1: _____

Group Meeting 2: _____

Group Meeting 3: _____

Group Meeting 4: _____

Group Meeting 5: _____

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Staff and Operational Issues and Proposed Solutions:
(Includes scheduling, coverage, programming)

Staff Concerns:

Group leader or designees are responsible for completing this form (You may delegate someone to take notes during the meeting). The completed form must be submitted to _____ the day following the team meeting.

Staff Input and Assessment Form is to be completed and turned in to the Group Leader by 6:00 PM prior to the day of the Team Meeting.

Staff Input and Assessment Form

Housing Unit _____

******Due Day Before Team Meeting******

Staff Name: _____ Date: _____

Housing Unit: _____

Staff Concerns/Requested Time Off: _____

Facility/Maintenance Concerns: _____

Group Assessment (*how is the group doing as a whole*): _____

Individual Assessments:

To be completed by each Juvenile Justice Specialist on the youth they mentor. Teachers, mental health/substance abuse and/or sex offender treatment providers should complete this form, and turn into the Group Leader if they are unable to attend the weekly team meeting. This weekly synopsis outlines positive progress made, goals achieved and area of improvement. The Weekly Assessment Notes are presented during the Group Leader Team Meeting. Absent members should indicate their recommendation for a youth who may be petitioning for a stage advancement.

(Start with a couple of strengths then areas of improvement. Overview of youth's performance by stage, treatment goal accomplishments, Educational, Medical, and Mental Health concerns), and make recommendations for any youth petitioning for stage advancement).

Youth: _____

Youth: _____

Youth: _____

Youth: _____

Youth: _____

Recommendations and Goals for Group:
