

Treatment Team Meeting Form (XIII.4.A)

Student Name: _____ Date of Meeting: _____

Housing Unit: _____ Counselor: _____

Current Level: _____ Current Rank: _____

Service Plan Goals: _____

Student Self-Assessment: _____

Group Participation: _____

Incident Reports and Disciplinary Issues: _____

Progress in Reducing Risk Areas: _____

Progress in Resolving/Mental Health Issues (Including Suicide Risk):

Medication Management: _____

Academic Progress: _____

Rationale for Level Change: _____

Recommendations of Treatment Team: _____

Transition Planning: _____

Treatment Team Member Signatures:

Student Signature:
