

REASON FOR TEAMING (CHECK ONE) (CONTINUED)	DISCUSSION / OUTCOME(S) (CONTINUED)
<p>Quarterly Update Information needed by other team members:</p> <p>Child learning</p> <ul style="list-style-type: none"> • Child’s current interests and activity settings • Ways in which you and the parent(s) are promoting the child’s participation • How your actions and/or interactions relate to the parents priorities <p>Parenting Support (e.g., sleep, behavior, nutrition, toileting)</p> <ul style="list-style-type: none"> • Topics, questions, or issues currently being addressed • Ways in which the above are being addressed • Informal and formal resources to meet identified needs <p>Parenting Support (e.g., housing, transportation, employment, medical)</p> <ul style="list-style-type: none"> • Topics, questions, or issues currently being addressed • Ways in which the above are being addressed • Informal and formal resources to meet identified needs 	<p>Plan:</p>
<p>Transition Information needed by other team members:</p> <ul style="list-style-type: none"> • Transition plan 	<p>Transition Plan:</p>
<p>Closure Information needed by other team members:</p> <ul style="list-style-type: none"> • Reason for closure 	<p>Follow-up:</p>

TEAM MEMBERS PRESENT

Signature: _____	Discipline : _____
Signature: _____	Discipline : _____
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