



Red Flag Meeting Attendance Sheet Date of Meeting:



* Please provide an indication that parent/guardian and individual were invited and if not invited supply an explanation below:

Attendees/Treatment Role

Invited

Input Sent
(If unable to attend)

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- Reminder invited party may phone in IF unable to be physically present for Red Flag Meeting



Red Flag Meeting Minutes



Meeting Date/Time: _____ Individual /Program in Focus: _____

Reason for meeting: _____

Person Calling Meeting: _____ *Note Taker for Meeting: _____

Family Invited/Notified: ☐ Yes or ☐ No * ** Notes need to be distributed by end of next business day to all attendees and invitees of this meeting

Introductions/Community Meeting: *How do you feel about this meeting?*
What is your goal for this meeting?
Who can you ask for help you in this meeting?

Agenda Topics:

- **Individual/Program/Family Strengths**

- **Case Presentation/Background Information** (please discuss trauma history relevant to present concern): include admit date, if psychological has been completed and recommendations

- **Discuss current school placement and needs**

- **Current Medications** (as listed on medication sheet):

- **Services/Interventions Attempted**

- **Current Services Offered**

- **Is there Traumatic Reenactment occurring**



- **Safety**

- **Emotional Management**

- **Loss**

- **Future**

- **Plan of Action/Recommendations:** (Specify who will do what: individual, family, staff, program, other ancillary providers, etc)

- **Any additional comments from the attendee's:**

Follow-up Date/Time/Place within two weeks: _____

If no follow-up meeting is indicated, who will be responsible for sending out a treatment update 2 weeks from today? _____

***Completed copy of this form is to be forwarded to OI/OA within 2 business days of Red Flag Meeting**