**Shining a Light Resident Review Meeting Notes**

**What’s New and What’s Next**

Resident Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_ \_/\_ \_ /\_ \_ \_ \_

People who Attended the Meeting:

Name: Role (if relevant):

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What’s New

For example: new information, ideas, questions, hopes, concerns that have come to light

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Anything requiring immediate attention or action

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What’s Next

For example: Things we would like to continue, new plans, topics for further discussion, other people to involve

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Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Resident or Family Member/Key Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_ \_ /\_ \_ /\_ \_ \_ \_