

# MY ASSESSMENT SUMMARY

<b>NAME:</b>		
<b>AGENCY / PROGRAM:</b>		
<b>STAFF NAME:</b>	<b>ASSESSMENT DATE:</b>	<b>UPDATE DATE:</b>
<b>MY RECOVERY TEAM</b>		
NAME	ROLE	
	Me	
	Service Facilitator/Staff Worker	
	Mental Health Professional	
<u>Summary of Information On Which Outcomes and Service Recommendations Are Based</u>		
<u>Desired Outcomes and Measurable Goals Desired by the Consumer</u>		
<u>Significant Differences of Opinion, If Any, Which Are Not Resolved Among Members of the Recovery Team</u>		

<b>ASSESSMENT MEETING PARTICIPANTS</b>	
<b>Meeting Date</b>	<b>List of Attendees</b>

My signature below indicates that I was in attendance at the assessment meetings as listed above:

<b>Name</b>	<b>Signature</b>