



Preparing for Your Meeting Checklist

Your Name: _____ Date: _____
(person completing form)

Person You Support: _____

- 1.** Complete Project Hope Observation Form #1
- 2.** Complete Project Hope Observation Form #2
- 3.** Talk to the person you support about the mental health meeting.
- 4.** Ask the person you support what confidential information you have permission to share at the mental health meeting.
- 5.** Write a list of questions the person you support has for the mental health provider.
- 6.** Write a list of questions you have for the mental health provider
- 7.** Bring copies of documents and information requested by the mental health provider.