

# ONE-ON-ONE MEETING DETAILS FORM

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

Name of Ministry Personnel: \_\_\_\_\_

Name of Ministry Lead: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Name of Parent(s) Informed of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Time meeting began: \_\_\_\_\_ Time meeting ended: \_\_\_\_\_

Last point of contact prior to meeting (last person you spoke to/saw): \_\_\_\_\_

Activities 15 minutes prior to meeting: \_\_\_\_\_

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First point of contact prior to meeting (last person you spoke to/saw): \_\_\_\_\_

Activities 15 minutes after the meeting: \_\_\_\_\_

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General nature and topics discussed during meeting:

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