

Sample Meeting Agenda



Practice Name / Practice Location:
 Title & Name of individual Meeting With:
 Date/Time
 Start ____
 Stop ____
 Duration of Meeting Time _____

Welcome to the 1st Five Healthy Mental Development Initiative!

Getting to Know Your Practice!

- Current surveillance and screening preferences/protocols
- Practice demographics (how large is the pediatric population – birth to age 5)
- Current referral protocols
- Concerns / barriers to screening
- Staffing – provider champion

Getting to Know 1st Five!

- What is 1st Five? What are we asking the practice to do? What are we offering the practice?
- American Academy of Pediatrics & Iowa EPSDT Recommendations & Periodicity Schedule
- Developmental screening tools
- Referral resource discussion
- Letter of Commitment / Partnership Agreement

Developing next steps in your partnership with 1st Five

- Staff engagement
- Developmental screening training & Peer Consultation
- Screening implementation & screening implementation follow up
- Referral review
- 1st Five partnership sustainability (consider partnership agreement)

Turn over to begin mapping out your path to 1st Five Partnership!



It's as easy as 1, 2, 3...

Step 1

Screening education & training - 2 part training model

1. ASQ training part "A" – Nurses & support staff (emphasis on workflow, screening tool completion and screening tool scoring)
2. ASQ training part "B*" – Providers (emphasis on assessment of score and referral)

*Provider Training *Includes a peer – to – peer w/ 1st Five Medical Consultant*

Step 2

Developmental Screening Implementation & Referral Launch

Step 3

Follow – Up

1. Screening Challenges / Workflow Adjustments
2. Referral Challenges / Workflow Adjustments

Let's Get Started!

Your next meeting with 1st Five is scheduled for: *(Date & Time)*

Your practice is interested in (circle all that apply) the following 1st Five provided trainings:

- ASQ-3 training only
- ASQ-3 & ASQ:SE training
- ASQSE training only
- M-CHAT training

Contact Information: (confirm email & contact number/extension)

END OF MEETING AGENDA