



State Youth Treatment – Implementation (SYT-I) Infrastructure Events Form

Agency _____ Month/Year _____

MEETINGS

Meeting Date:	Start Time:	End Time:
Purpose / Topic of Meeting:		
Participants (who meeting was with):		
<input type="checkbox"/> Face- to-Face <input type="checkbox"/> Telephone <input type="checkbox"/> Conference Call <input type="checkbox"/> Visual conferencing (e.g. Zoom) <input type="checkbox"/> Webinar		
Additional Information/Notes:		

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Additional Information/Notes:		

Revised 4/1/16

Please scan and email to: Heather Hershberger at heather-hershberger@uiowa.edu



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PRESENTATIONS

Presentation Date:	Start Time:	End Time:
Topic of Presentation:	Location of Presentation:	
Audience:		
<input type="checkbox"/> Face- to-Face <input type="checkbox"/> Telephone <input type="checkbox"/> Conference Call <input type="checkbox"/> Visual conferencing (e.g. Zoom) <input type="checkbox"/> Webinar		
Additional Information/Notes:		

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Topic of Presentation:	Location of Presentation:	
Audience:		
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