

Florida GER - Follow-Up Report

Persons Involved

Name	Birth Date	Sex	Pin #	Relationship to APD

Description of Follow-up

Briefly describe follow-up measures taken (Corrective, Legal, Medical, Disciplinary, or other measures) (include date if applicable):

Immediate/Follow-up Action Taken by region (if applicable):

Reviewing Supervisor

Supervisor Name: _____ Phone: _____

Waiver Support Coordinator: _____ Phone: _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm

Note:- Required fields are marked with an asterisk (*)