

# Sequoia Union High School District



## Interactive Meeting Summary

Non- Industrial Injury or Illness

Workers' Compensation

**Instructions:** An interactive meeting should be held between the employee and administrative supervisor when a change in work status is indicated by the treating physician. Bring this form and a copy of the employee's job description to the meeting.

**Date & Time of Interactive Meeting:** \_\_\_\_\_

**Type of Contact:** ☐ In Person ☐ Phone (If physically unable to meet in person)

Employee's Full Name

Date of Injury (If applicable)

Employee's Job Title

Best Contact Information

Work Location

Name of Supervisor

### Pt. 1 - WORK RESTRICTIONS ☐ No (Skip Pt. 1) ☐ Yes (Complete Pt. 1)

List detailed work restrictions as indicated by physician:

Effective Dates:

Work modifications effective from \_\_\_\_\_ to \_\_\_\_\_

Does employee agree?:

☐ Yes ☐ No

If no, indicate why below:

Next Appointment Date:

### Pt. 2 - ACCOMMODATIONS REQUIRED ☐ No (Skip Pt. 2) ☐ Yes (Complete Pt. 2)

Accommodations Suggested:

Is the employer able to accommodate?  
(Review Job Description):

☐ Yes ☐ No

If no, why not?:

Do all parties agree with  
accommodations?:

☐ Yes ☐ No

If no, who disagrees? What is the suggested alternative?:

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Date of Interactive Meeting

**Pt. 3 - MAIN POINTS DISCUSSED**

List of main points addressed at meeting:

**Pt. 4 - SPECIFIC OUTCOME/CONCLUSION**

Summarize the specific outcome and plan of action:

**Overall Status After Meeting:**

- ☐ Return to work **without** restrictions as of the following date: \_\_\_\_\_
- ☐ Return to work **with** the following restrictions: \_\_\_\_\_  
as of the following date: \_\_\_\_\_
- ☐ Permanent and stationary **without** limitations as of the following date: \_\_\_\_\_
- ☐ Permanent and stationary **with** the following limitations: \_\_\_\_\_  
as of the following date: \_\_\_\_\_
- ☐ Off work completely, **TTD**, as of the following date: \_\_\_\_\_
- ☐ Off work completely, **unable to accommodate**, as of the following date: \_\_\_\_\_

**Members in Attendance:**

Print First and Last Name	Title	Signature

**Date & Time of Follow Up Meeting:** \_\_\_\_\_

Please retain a copy for your records and forward a copy to both the employee and the District Office.