

PBS Team Meeting Agenda/Minutes

Date: _____ Time: _____ to _____ Location: _____

Facilitator: _____ Timekeeper: _____

Recorder: _____ Snackmaster: _____

Participants: _____

Next Meeting date, time and location: _____

Next Facilitator: _____ Next Snackmaster: _____

Applaud & Assess

Things that have gone well:

Critical issues:

Items

- Data Review/ Info to date

- Review progress on Action Plan

- Persons and Responsibilities for next Action Plan Activities

- Follow Up Items from previous meeting

- Additional Items

Action/ Results

Next Steps/ To Do List: