

AGENDA

TYPE OF MEETING:		MONTH/DATE/TIME:	
FACILITATOR:		NOTE TAKER:	
THOSE PRESENT:			

OBJECTIVE:

	ANNOUNCEMENTS	REMINDERS	REQUESTS
	FOLLOW-THRU CHECKS	RESULTS	ACTION
	<i>Strategy sheets from last month</i>		
ITEMS TO DISCUSS			
	WHAT'S HAPPENING	WHAT DO YOU WANT TO HAPPEN?	ACTION

ITEMS TO DISCUSS: <i>Using Strategy Goal Sheets</i>		NOTES

ASSIGNMENTS

WHAT	BY WHOM	BY WHEN	RESULTS

NEXT MEETING DATE: _____

TIME: _____ **FACILITATOR:** _____ **NOTE TAKER:** _____

TEAM OR OTHER MEETINGS: _____

Circle the rating that best describes your assessment of this meeting.

- | | |
|-------------------------------|--------------------------------|
| (1) did not meet expectations | (2) partially met expectations |
| (3) fully met expectations | (4) surpassed expectations |