| **PBIS Coordination Meeting Agenda/Notes/Action Plan** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Meeting** | | **Date:** |  | | **Time:** |  | | **Location**: |  | | |
| **Next Meeting** | | **Date:** |  | | **Time:** |  | | **Location**: |  | | |
| **Team Membership (bold those present)** | | | | | | | | | | | |
|  | **Name** | | **Meeting Role\* (if any)** |  | **Name** | | **Meeting Role\* (if any)** |  | **Name** | | **Meeting Role\* (if any)** |
| **Coordinators (Coaches)** |  | |  | **Grade/**  **Department Representatives** |  | |  | **Parent/ Family Member(s)** |  | |  |
|  | |  |  | |  |  | |  |
| **Administrator** |  | |  |  | |  | **Community Member(s)** |  | |  |
| **Specialists** |  | |  |  | |  |  | |  |
|  | |  |  | |  | **Student(s)** |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  | **Other** |  | |  |
| ***\* Meeting roles include Facilitator, Recorder, Time Keeper, Data Analyst, Action Plan Recorder, etc.*** | | | | | | | | | | | |
| **Team Agreements** | | | | | | | | | | | |
| **Norms** | | | | | | **Purpose Statement** | | | | | |
|  | | | | | |  | | | | | |
| **Agenda** | | | | | | | | | | | |
| **Today’s Items** | | | | **Time** | **Discussion** | | | | **Decisions**  **(add specific action items below)** | | |
| Welcome, Review and Finalize Agenda | | | |  |  | | | |  | | |
| Logistics and Review of Past Action Items | | | |  |  | | | |  | | |
| Data Review and Decision Making | | | |  |  | | | |  | | |
| Practice Selection/Development | | | |  |  | | | |  | | |
| Systems for Implementation | | | |  |  | | | |  | | |
| Other | | | |  |  | | | |  | | |
| Plan for Next Meeting | | | |  |  | | | |  | | |
| Team Evaluation of Operating Procedures | | | |  |  | | | |  | | |
| **Action Plan** | | | | | | | | | | | |
| **Action Items** | | | | | **Notes** | | | | | **By Who?** | **By When?** |
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| **Outcome Evaluation and Communication** | | | | | | | | | | | |
| **Outcome** | | | | **Measure Used** | | **Data Collection Schedule** | | | **Data Sharing and Communication Plan** | | |
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|  | | | |  | |  | | |  | | |
| **Evaluation of Team Operating Procedures (Mark your ratings with an “X”)** | | | | | | | | | **Yes** | **Partially** | **No** |
| 1. Was today’s meeting a good use of our time? | | | | | | | | |  |  |  |
| 2. In general, did we do a good job of ***tracking*** whether we’re completing the tasks we agreed on at previous meetings? | | | | | | | | |  |  |  |
| 3. In general, have we done a good job of actually ***completing*** the tasks we agreed on at previous meetings? | | | | | | | | |  |  |  |
| 4. In general, are the completed tasks having the ***desired outcomes***? | | | | | | | | |  |  |  |
| 4. In general, did we do a good job following our ***team norms and procedures***? | | | | | | | | |  |  |  |
| If some of our ratings are “Partially” or “No,” what can we do to improve things? | | | | | | | | |  |  |  |