

Elkhart & St. Joseph Counties Head Start Consortium

Team Meeting Notes

Site: _____

Date: _____

Participants:

Check if present:

Signatures:

_____	Teacher/Facilitator:	_____
_____	Teacher Assistant:	_____
_____	FACS:	_____
_____	Other:	_____
_____	Other:	_____

Agenda items

- 1.
- 2.
- 3.
- 4.

Minutes/Notes: *(Use the back of the page if more space is needed)*

Follow up:

Concern

Person Responsible

Timeline

If moving on to discuss a concern related to an individual child, precede to SAT Form. For confidentiality concerns documentation may not include the first and or last names of children other than the individual child in whose file the document will be filed.

