

Elkhart & St. Joseph Counties Head Start Consortium
Team Meeting Notes

Date: _____

Program Manager (Print): _____ Signature: _____

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:

<i>Concern</i>	<i>Person Responsible</i>	<i>Timeline</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Follow-Up Meeting Date: _____