

Collaborative Team Meeting

Student: _____

Date: _____

Location of meeting: _____

If you are unable to attend this meeting, please contact: _____

Team members:

Communication backup:

Agenda for this meeting:

Time limit:

1.

2.

3.

4.

Agenda for next meeting:

Next meeting date/time: _____

1.

2.

3.

4.

Roles:

For this meeting:

For next meeting:

Facilitator _____

Recorder _____

Timekeeper _____

Adapted from:

Halvorsen, A.T. & Neary, T. (2001). *Building inclusive schools: Tools and strategies for success*. Boston: Allyn and Bacon.

Meeting Notes	To Do:	Person responsible	Date to be completed

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