|  |  |
| --- | --- |
| **Date:**  | **Time:**  |
| **Members Present:**  |
| **Guests:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Topic |  Discussion | Linkages/Connections | Action Items / Person Responsible |
| Welcome & Introductions |  |  |  |
| Collaborative Outcomes from prior meeting [Insert Date]: [ ]  Case Study Presentations[ ]  In-service Training[ ]  Presentations[ ]  Other | **Changes in the following areas:****[ ]  State Policy****[ ]  Organizational Policy****[ ]  Further or enhanced collaborative efforts****[ ]  Training Needs****[ ]  New Information learned** | **Yes No****[ ]** **[ ]**  |  |
|  |  | **Yes No****[ ]  [ ]**  |  |
|  |  | **Yes No****[ ]  [ ]**  |  |
|  |  | **Yes No****[ ]  [ ]**  |  |
|  |  | **Yes No****[ ]  [ ]**  |  |

*Respectfully submitted,*