|  |  |
| --- | --- |
| **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,*