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| --- | --- | --- | --- | --- |
| Name of Community School Initiative:Partner Monthly Meeting Agenda | | | [Date] | |
| [Time] | |
| Facilitator: |  | Type Of Meeting: | |  |
| Location: |  | Conference Line/Code: | |  |
| Read: |  | | | |
| Bring: |  | | | |
| Desired Outcomes: | | | | |
|  | | | | |
| Agenda Items: | | | | |

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| --- | --- | --- |
| **Topic** | **Issue/Question** | **Time Allotted** |
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**Action Items:**

* Item 1
* Item 2
* Item 3
* Item 4