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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