

Unit Based Team Name _____

Date & Time:	Location:
Note Taker:	Meeting Facilitator:
Present:	Absent:

(Check for quorum)

Topic	Time	Purpose and Desired Outcomes	Who / How	Notes / Action
Meeting Opening: Ground Rules Review Agenda				
Meeting Close: Communication Plan Review Action Items/ Next Steps/ Agreements Future agenda items Meeting Evaluation				

Meeting notes distributed to team members on: _____