

# BRADFORD-TIOGA HEAD START CENTER STAFF MEETING MINUTES

CENTER: \_\_\_\_\_

DATE: \_\_\_\_\_

✓/A	Name	✓/A	Name	✓/A	Name

✓ = Present    A = Absent    \* = Facilitator

TOPIC	REPORT/CONCLUSION / RECOMMENDATION	ACTION / RESPONSIBILITY																		
<b>WHAT'S GOING WELL?</b>																				
<b>CURRICULUM FOR NEXT WEEK</b>																				
<b>PARENT INVOLVEMENT IN PLANNING</b>																				
<b>ATTENDANCE CONDERSNS</b>	Name _____ days out _____ Name _____ days out _____ Name _____ days out _____	Plan: _____																		
<b>SCREENINGS NEEDED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 30%;">NEEDS</th> <th style="width: 10%;">45 DAY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	NEEDS	45 DAY													Who will follow-up and how?			
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