

THE COLLABORATORY

Team Meeting Report Form

Team: _____

Advisor: _____ Present: ☐ On Time: ☐ Hours This Week _____

Manager: _____ Present: ☐ On Time: ☐ Hours This Week _____

Member: _____ Present: ☐ On Time: ☐ Hours This Week _____

Member: _____ Present: ☐ On Time: ☐ Hours This Week _____

Member: _____ Present: ☐ On Time: ☐ Hours This Week _____

Member: _____ Present: ☐ On Time: ☐ Hours This Week _____

Member: _____ Present: ☐ On Time: ☐ Hours This Week _____

Accomplishments Since the Last Meeting	Completed By
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Date of This Meeting: _____ Date of Next Meeting: _____

According to the critical path, this project is (circle one) behind/right on/ahead of schedule.

Changes (circle one) have / have not been made to the objectives of this team. Please explain any changes.

Tasks to be Completed Before the Next Meeting	Assigned To
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Problems/Questions/Uncompleted Tasks since the Last Meeting	Reported By
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Notes / Explanations