

| Today's Meeting<br>Next Meeting | Date | Time (begin and end) | Location | Facilitator | Minute Taker | Data Analyst |
|---------------------------------|------|----------------------|----------|-------------|--------------|--------------|
|                                 |      |                      |          |             |              |              |

| Team Members & Attendance (Place "X" to left of name if present) |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                  |  |  |  |  |  |  |  |  |  |  |  |

| Today's Agenda Items: |  |  |  |    |  | Agenda Items for Next Meeting |  |  |  |  |  |
|-----------------------|--|--|--|----|--|-------------------------------|--|--|--|--|--|
| 1.                    |  |  |  | 4. |  | 1.                            |  |  |  |  |  |
| 2.                    |  |  |  | 5. |  | 2.                            |  |  |  |  |  |
| 3.                    |  |  |  | 6. |  | 3.                            |  |  |  |  |  |
|                       |  |  |  |    |  |                               |  |  |  |  |  |

Systems Overview

| Overall Status | Tier/Content Area | Measure Used | Data Collection Schedule | Current Level/Rate |
|----------------|-------------------|--------------|--------------------------|--------------------|
|                |                   |              |                          |                    |
|                |                   |              |                          |                    |

Problem Solving Process

|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
|-------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| Date of Initial Meeting:                                                                  |                                            |                                             |                                                               |                                                                                        | Date(s) of Review Meetings                                         |  |
| Brief Problem Description (e.g., student name, group identifier, brief item description): |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
| Precise Problem Statement<br><i>What? When? Where? Who? Why? How Often?</i>               | Goal and Timeline<br><i>What? By When?</i> | Solution Actions<br><i>By Who? By When?</i> | Identify Fidelity and Outcome Data<br><i>What? When? Who?</i> | I<br>M<br>P<br>L<br>E<br>M<br>E<br>N<br>T<br>S<br>O<br>L<br>U<br>T<br>I<br>O<br>N<br>S | Did it work?<br><i>(Review current levels and compare to goal)</i> |  |
|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
| Current Levels:                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |
|                                                                                           |                                            |                                             |                                                               |                                                                                        |                                                                    |  |

Notes:

|                                                                                                                                    |                                                     |                                                      |                                                                              |                                                                                                                |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of Initial Meeting:</b><br><b>Brief Problem Description</b> (e.g., student name, group identifier, brief item description) |                                                     |                                                      |                                                                              | <b>Date(s) of Review Meetings</b>                                                                              |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
| <b>Precise Problem Statement</b> □<br><i>What? When? Where? Who? Why? How Often?</i>                                               | <b>Goal and Timeline</b> □<br><i>What? By When?</i> | <b>Solution Actions</b> □<br><i>By Who? By When?</i> | <b>Identify Fidelity and Outcome Data</b> □<br><i>What? When? Who?</i>       | <b>I<br/>M<br/>P<br/>L<br/>E<br/>M<br/>E<br/>N<br/>T<br/>S<br/>O<br/>L<br/>U<br/>T<br/>I<br/>O<br/>N<br/>S</b> | <b>Did it work?</b><br><i>(Review current levels and compare to goal)</i><br>□                                                                                                                                                                             |                                                                                                                                                                                                                                                    |
|                                                                                                                                    |                                                     |                                                      | <i>What <b>fidelity</b> data will we collect?</i><br><i>What? When? Who?</i> |                                                                                                                | <b>Fidelity Data:</b><br><br><b>Level of Implementation</b><br><input type="checkbox"/> Not started<br><input type="checkbox"/> Partial implementation<br><input type="checkbox"/> Implemented with fidelity<br><input type="checkbox"/> Stopped<br>Notes: | <b>Outcome Data (Current Levels):</b><br><br><b>Comparison to Goal</b><br><input type="checkbox"/> Worse<br><input type="checkbox"/> No Change<br><input type="checkbox"/> Improved but not to goal<br><input type="checkbox"/> Goal met<br>Notes: |
|                                                                                                                                    |                                                     |                                                      |                                                                              |                                                                                                                |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
|                                                                                                                                    |                                                     |                                                      | <i>What <b>outcome</b> data will we collect?</i><br><i>What? When? Who?</i>  |                                                                                                                |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
| <b>Current Levels:</b>                                                                                                             |                                                     |                                                      |                                                                              |                                                                                                                |                                                                                                                                                                                                                                                            | <b>Next Steps</b><br><input type="checkbox"/> Continue current plan<br><input type="checkbox"/> Modify plan<br><input type="checkbox"/> Discontinue plan<br><input type="checkbox"/> Other<br>Notes:                                               |

Notes:

[Paste new problem table(s) as needed]

Organizational/Housekeeping Task List

| Item | Discussion | Decisions and Tasks | Who? | By When? |
|------|------------|---------------------|------|----------|
|      |            |                     |      |          |
|      |            |                     |      |          |
|      |            |                     |      |          |

Evaluation of Team Meeting (Mark your ratings with an “X”)
 

| Our Rating |       |    |
|------------|-------|----|
| Yes        | So-So | No |
|            |       |    |
|            |       |    |
|            |       |    |
|            |       |    |

1. Was today’s meeting a good use of our time?  
 2. In general, did we do a good job of tracking whether we’re completing the tasks we agreed on at previous meetings?  
 3. In general, have we done a good job of actually completing the tasks we agreed on at previous meetings?  
 4. In general, are the completed tasks having the desired effects on student behavior?