

**Weekly Staff Meeting Report - Classroom**

**Site / Classroom:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Members Present:** (including, but not limited to each classroom staff, bus drivers, cooks/assistants, FSC, EC)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Complete form and file at site to be reviewed by Education Coordinator.**

**Topics Covered**

**Training / Team Building** (staff, FSC, EC): \_\_\_\_\_

**Family/Child Success / Concerns** (staff, FSC, EC): \_\_\_\_\_

**Information to Share with Staff:** (i.e. memos, new policies, upcoming training, etc.)

\_\_\_\_\_

**Enrollment / Attendance** - \_\_\_\_\_

**Education**

• Evaluation of the Week's Activities: Discuss & enter into GOLD - \_\_\_\_\_

\_\_\_\_\_

• Lesson Plans / Second Step Curriculum Planning / Activities - \_\_\_\_\_

\_\_\_\_\_

• CLASS Implementation/Techniques - \_\_\_\_\_

\_\_\_\_\_

- Child Outcomes/Progress/ GOLD / School Readiness/ Individualization - \_\_\_\_\_  
\_\_\_\_\_
- Disabilities - \_\_\_\_\_
- Parent Conferences / Home Visits - \_\_\_\_\_
- Mental Health - \_\_\_\_\_
- Resources - \_\_\_\_\_

**Equipment/Facilities**

- Requisitions - \_\_\_\_\_
- Monitoring/Self-Assessment – classroom / outdoor safety / CC Implementation - \_\_\_\_\_

**Health/Nutrition** - \_\_\_\_\_  
\_\_\_\_\_

**In-Kind** - \_\_\_\_\_

**Training** - \_\_\_\_\_

**Transportation** – \_\_\_\_\_

**Other** - \_\_\_\_\_