|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | Start Time: | |  | | | End Time: | | |  | Facilitator: | | |  | |
| Timekeeper: | |  | | | | | | Recorder: | |  | | | | | Snackmaster: | |  |
| Participants: | |  | | | | | | | | | | | | | | | |
| Next Meeting (Date, time, location) | | | | | | |  | | | | | | | | | | |
| Next Facilitator: | | |  | | | | | | | | Next Snackmaster: | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **Agenda Item** | | | **Time** | | **Notes** | | | | | | | | | | | | |
| **Things that have gone well.** | | | \_\_:\_\_ - \_\_:\_\_ | |  | | | | | | | | | | | | |
| **Follow-up Items from last meeting** | | | \_\_:\_\_ - \_\_:\_\_ | |  | | | | | | | | | | | | |
| **Update TFI**  **(Tiered Fidelity Inventory)** | | | \_\_:\_\_ - \_\_:\_\_ | |  | | | | | | | | | | | | |
| **Review/Update Action Plan** | | | \_\_:\_\_ - \_\_:\_\_ | |  | | | | | | | | | | | | |
| **Data Review** | | | \_\_:\_\_ - \_\_:\_\_ | | **Problem ID:** *Based upon the data, what is the problem? Do you need to collect additional data to verify?* | | | | | | | | | | | | |
| \_\_:\_\_ - \_\_:\_\_ | | **Problem Analysis:** *Why is this problem occurring? Consider fidelity of the Critical Elements (below)* | | | | | | | | | | | | |
| \_\_:\_\_ - \_\_:\_\_ | | **Plan Development & Implementation:** *Summary only;* ***Document these steps on Action Plan*** | | | | | | | | | | | | |
| \_\_:\_\_ - \_\_:\_\_ | | **Plan Evaluation & Follow-Up:** *Summary only;* ***Document these steps on Action Plan*** | | | | | | | | | | | | |

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| **Notes / Goals for Next Meeting** |
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