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