

Chairperson: _____

Executive Officer: _____

Date of Meeting: _____

REFLECTION – Successes & Failures

Committee Accomplishments in the Past Month (What went well? Why do you think it went well?)

(1) _____

(2) _____

(3) _____

Committee Concerns from the Past Month (What did not go well? Why don't you think it went well?)

(1) _____

(2) _____

(3) _____

LOOKING AHEAD – Goals & Priorities

Goals for the Upcoming Month (What would you like to see your committee accomplish? What would you like to accomplish?)

(1) _____

(2) _____

(3) _____

Priorities for the Upcoming Month (Rank those tasks that must be completed this month in order of Importance. Identify who will be responsible for each of these tasks.)

(1) _____ Person Responsible _____

(2) _____ Person Responsible _____

(3) _____ Person Responsible _____

(4) _____ Person Responsible _____

(5) _____ Person Responsible _____

(6) _____ Person Responsible _____

(7) _____ Person Responsible _____

(8) _____ Person Responsible _____

(9) _____ Person Responsible _____

(10) _____ Person Responsible _____

ISSUES & ACTION PLAN

Issues You are Experiencing

- Are you having problems with any committee members attendance or participation? If so, what?
- Are you having problems in your position? Are you feeling overwhelmed or stressed?
- Are you having difficulties with an advisor, another chairperson, or administrator?

Description of the problem(s) _____

Specific Actions You Will Take to Correct the Situation _____

COMMITTEE MEETING AGENDA FOR THIS MONTH

Committee Agenda Form is Completed: YES _____ NO _____

Notes in reference to the agenda ... _____

PROJECT PLANNING FOLDERS

Project folders that were completed and collected ... _____

Project folders that are in progress _____

Note any issues or concerns with project folders that are in progress ... _____

The chairperson will take what steps to correct the issues or concerns listed above ... _____

New project folders with due dates were handed out for ... _____

TASKS YOU NEED TO COMPLETE THIS MONTH

Task to be Completed	Due Date	Date Completed

ADDITIONAL NOTES

Chairperson's Signature: _____ Date: _____

Executive Officer's Signature: _____ Date: _____