



Collaboration Meeting: Team Work Plan

Fill this out as a team. Upon completion email a copy to yourself and your team.

Day: _____ Time: _____

Team Name: _____

Month	Strategy Number	Activity	Recommendations for Completing	Major Next Steps	Collaborating Partners	Dates for Each Step	Primary Person Responsible	Secondary Person Responsible

Month	Strategy Number	Activity	Recommendations for Completing	Major Next Steps	Collaborating Partners	Dates for Each Step	Primary Person Responsible	Secondary Person Responsible

Establish Regular Meeting Schedule

Month	Strategy Number	Activity	Recommendations for Completing