## **Caring for Kids (Name of School) Partnership**

	Caring for kids Email:	
School/Phone:	School Liaison:	
Principal Name:	School Liaison Email:	

Principal Email:

**NEXT MEETING DATE:** 

## **Partnership Information**

NAME	NAME OF ORGANIZATION	ADDRESS, CITY, STATE, ZIP	E-MAIL	PHONE

Caring for Kids Contact:

## (Name of School) Meeting Notes

Meeting Date and Time: (one-hour timeframe)
In Attendance:
Announcements / Celebrations: (other than partnership projects – five minutes)
Review Goals Summary:
Recent projects completed: (celebrate project success, partner support – volunteers and resources given, evaluate – changes needed for next time)
Goal: Project:
Upcoming projects to be finalized: (discussed at last meeting but plans need to be finalized) Goal:
Project:
Identify new projects based on principal's goals: (purpose, date/time, project owner, partner support – volunteers and resources needed/deadlines) Goal 1:
Projects:
Goal 2:
Projects:
Other Business: (upcoming district, school or organization events – five minutes)
Next meeting date and time: (have School Liaison send out a meeting invite to the partners)