

School Safety Assessment and Prevention Team Agenda

Purpose:

Leader:

Date:

Recorder:

Members Present:

Title/Position:

Members Present:

Title/Position:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

Operational Plan/Calendar Review (note revisions/completed activities/milestones):

| |
|--|
| |
|--|

Review Previous Action Items:

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

New Discussion Item Notes and Review of Data:

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

| Action Items for Next Meeting : | Person Responsible | Expected Completion Date |
|---------------------------------|--------------------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |