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| 1. **NAME** of the resource / tool | **Best Start Community Partnership (BSC) Meeting Agenda Development Template** |
| 1. **WHAT** is the purpose of the resource / tool? | This template supports Best Start leaders in developing a written annotated agenda/facilitation guide for their Best Start Community Partnership meetings. |
| 1. **WHO** developed the resource / tool? (If it was adapted from an existing document, please include a citation for the original source.) | Capacity Builder Chrysta Wilson developed the original template and it was later adapted 2-3 others Best Start Communities. |
| 1. **HOW** should the resource / tool be used? 2. *What circumstances are ideal/appropriate?* 3. *By whom and when?* 4. *Is a particular skill set or special preparation needed?* | This tool can be used by community members as well as their support organization to document agenda agreements, responsibilities, times, etc. to develop a typed comprehensive agenda. It can also be used as a stand-alone written agenda if preferred. |
| 1. **WHY** is this resource being recommended? (What makes is especially effective or useful for community-based work?) | This resource is being recommended as it has proven to be a useful tool in affording community members the opportunity to facilitate and document their own conversations around agenda planning. Members report it is easy to use as well. |

**Agenda Development Tool**

NAME OF THE MEETING:\_Community Partnership Meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEETING DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEETING LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goals for This Month’s Community Partnership Meeting**

What do we want to accomplish at today’s meeting?

**Ideas:**

* Get to know other Partnership members
* Get updated on First 5 LA and Best Start activities
* Learn about community resources
* Build or strengthen relationships with community partners
* Best Start Business Item (voting, sponsorship requests, planning, etc.)
* Leadership Development/Skill and Knowledge Building Presentation or Activity
* Other:

**LOGISTICS SUPPORT**

**MATERIALS:**

* Laptop/Projector/Screen ❒Handout: Annotated agenda
* Microphone/Speakers ❒Handout: Participant Agenda
* Interpretation Support ❒Handout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Flip Chart & Markers ❒Handout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Time Keeping Cards ❒Handout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sign-In Sheet ❒Handout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Voting Cards ❒Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSIGNMENTS:**

* Passing out or collecting materials ❒Microphone Runner(s)
* Table facilitators ❒Other:

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| **Time**  What time during the meeting will the topic be covered? | **Agenda Item:**  What is the Meeting Topic? | **Lead Facilitator(s)**  Who will facilitate or lead this section of the agenda? |
| **Time:**  Duration: ( mins) | * **Setup** * **Time Keeper** * **Registration Table** * **Team Huddle –** |  |
| **Time:**  Duration: ( mins) | **Welcome**   * **BSWA Vision Statement & First 5 LA Mission Statement** * **Meeting Agreements Review** * **Welcome New Attendees** * **Icebreaker** |  |
| **Time:**  Duration: ( mins) | **First 5 LA and Best Start Updates**   * First 5 LA Updates * NAC Updates * Communications WorkgroupUpdates * Learning by Doing Workgroup Updates * Other Updates: |  |
| **Time:**  Duration: ( mins) | **CONCRETE SUPPORT/RESOURCE PRESENTATION(S)** |  |
| **Time:**  Duration: ( mins) | **Other Activity (Choose from below)**   * Presentation * Training * Speaker * Activity |  |
| **Time:**  Duration: ( mins) | **Evaluation**   * Verbal Reflections * Partnership Surveys |  |
| **Time:**  Duration: ( mins) | **Closing** & **Next Steps**   * Upcoming Meeting Dates * Announcements * Thank You * Other? |  |
| **Time:**  Duration: ( mins) | **Debrief with Leadership Members & Support Team**   * What went well? * What can be improved? * Other takeaways |  |