



# TOOLKIT FOR LOCALS

## Meeting Planner - Agenda/Outcomes

Meeting (Purpose): \_\_\_\_\_

Chairperson: \_\_\_\_\_ Minutes/Timekeeper: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Location: \_\_\_\_\_

Item No.	Time	Agenda Item	Type	Decisions/Actions Summary

## Post Meeting Actions

Parking Lot Items	Responsibility	Date for Follow-Up

Attendees: \_\_\_\_\_

Apologies: \_\_\_\_\_

Next Meeting Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Location: \_\_\_\_\_

Rate meeting on a scale of 1-10: \_\_\_\_\_

Notes:


**Pre-Meeting Worksheet**

Meeting Description: \_\_\_\_\_

Meeting Leader/Planner: \_\_\_\_\_

Meeting Objective: \_\_\_\_\_

Expected Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Location: \_\_\_\_\_

Participants	Dept.	Availability					Phone/Fax Number	Yes	No	Undec.
		M	T	W	T	F				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

**Pre-Meeting Worksheet Cont'd**

Anticipated Problems	Cost Analysis	Estimated	Actual
	<b>Total:</b> _____		

<input type="checkbox"/> Administration	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Meeting Facility Reserved	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Agenda Item Requests Distributed	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Agenda Item Requests Returned	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Travel Arrangements Made	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Audio Visual Equipment Arranged	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Paper and Supplies Arranged	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Food and Beverage Arranged	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Meeting Agenda Distributed; Date:	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Meeting Action Form Completed	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Meeting Action Forms Distributed	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Post-Meeting Action Form**

Meeting Description:	Date of Meeting:
Participants:	Actual Starting Time:
	Actual Ending Time:
	Facilitator:
	Scribe:
	Time Keeper:

Parking Lot Item	Pending	Discussion Outcomes	Follow-up Needed	Delegated To	Date Due	Date Complete