Positive Behavioral Interventions & Supports (PBIS)
Team Meeting Evaluation

Date: _____________________    Recorder: _____________________

1. Was someone designated to chair/convene the meeting?   Yes   No
2. Was someone designated to record decisions?   Yes   No
3. Did you develop and review an agenda at the beginning of the meeting?   Yes   No
4. Did you follow-up on tasks from the last meeting?   Yes   No
5. Was data used to determine a precision statement?   Yes   No
6. Did the team develop a hypothesis as to why the problem may be sustaining?   Yes   No
7. Was an intervention plan developed to address the identified school-wide problem? (prevention, teaching, acknowledging, consistent discipline, supervision)   Yes   No
8. Was the action plan updated?   Yes   No
9. Was there a designated person for each activity in the action plan?   Yes   No
10. Did everyone have an opportunity to participate in the discussion?   Yes   No
11. Was there a plan for communicating updates with stakeholders? (celebrations, data, input, decisions)   Yes   No
12. What changes would you make in how the meeting was conducted?