



Georgia's Positive Behavioral Interventions and Supports

**Positive Behavioral Interventions & Supports (PBIS)
Team Meeting Evaluation**

Date: _____ Recorder: _____

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| 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? | | |