

# VPK – IMPROVEMENT PLAN STAFF ASSESSMENT MEETING NOTES



**Center Name:** \_\_\_\_\_

**Director Name:** \_\_\_\_\_

**Assessment Period:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

SIGNATURES OF STAFF PRESENT			

DISCUSSED	ITEMS TO ADDRESS/AGENDA	NOTES
<input type="checkbox"/>		

TIME FRAME FOR COMPLETION		GOALS AND/OR SUGGESTIONS	NOTES
	<input type="checkbox"/>		

ADDITIONAL COMMENTS: