WASA
Inclusionary Practices
Statewide Support for District Change

MEETING AGENDA

District:			
Date of Meeting: (M/D/YY)		**Time:**	
District Facilitator:		**Type of Meeting:**	

1. Meeting Objective

2. Anticipated Participants	
Name	Role

3. Agenda Topics		
Topic	**Owner**	**Time**

4. Pre-work/Preparation (documents/handouts to bring, reading material, etc.)	
Description	**Prepared by**