
Tool 12-5

Meeting Planning Form

MEETING PLANNING FORM

Before the Meeting

- Purpose:**
What is the subject of this meeting?
- Agenda:**
Use agenda form to create detailed schedule
- Invitees:**
Name and role of each invitee
- Who Is Needed:**
Why are they being invited?
What replacement can come if they are not available?
- Confirmations:**
Track confirmed attendees
- Outcome Expected:**
By the end of this meeting, we will . . .
- Preparation Needed:**
What homework can attendees do to be prepared?
- Start and End Times:**
Exact times
- Room Setup:**
Room layout, materials, audiovisual needs, refreshments

During the Meeting

- Preview Agenda**
Supply copies or display publicly (for example, flipchart, Power-Point)
- Assign Duties**
Minutes
Timekeeper
Scribe for flipchart
Parliamentarian
- List All Action Items**
Specific actions to be taken after this meeting and responsible parties

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Tool 12-5, continued

Meeting Planning Form

Closing the Meeting

- Review Action Items from Minutes**
Include who, what, when, where, how

Follow Up

- Follow-Up Communication**
Confirm when minutes will be distributed
- Next Actions**
What is expected of attendees now
- Next Meeting**
Date, time, location, and any additional invitees

Facility _____

Contact _____ Title _____

Phone _____ Cell _____

Email _____ Fax _____

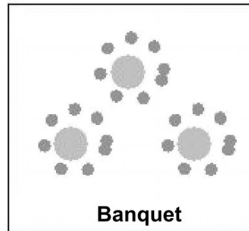
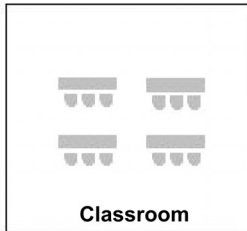
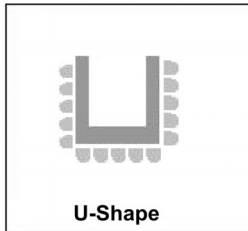
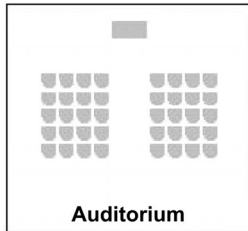
Event _____

Day/Date _____ Start Time _____ End Time _____

Location _____ Number of Attendees _____

Notes _____

Room Setup



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Tool 12-5, continued

Meeting Planning Form

Create Materials

- | | |
|--|---|
| <input type="checkbox"/> Agenda | <input type="checkbox"/> Workbooks |
| <input type="checkbox"/> Reference Materials | <input type="checkbox"/> Pens |
| <input type="checkbox"/> Written Reports | <input type="checkbox"/> Charts |
| <input type="checkbox"/> Sign-In Sheets | <input type="checkbox"/> Exercises |
| <input type="checkbox"/> Minutes | <input type="checkbox"/> Evaluation Forms |
| <input type="checkbox"/> Audiovisual Materials | <input type="checkbox"/> Flipcharts |

Test Equipment

- | | |
|--|---|
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Microphone |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Laptop/Projector |
| <input type="checkbox"/> Overhead | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Cassette Player | <input type="checkbox"/> Laser Pointer |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Flipchart Pads | <input type="checkbox"/> Markers |

Make Other Arrangements As Needed

- Refreshments
 - Name Badges
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