

## **Collaboration Meeting: Team Work Plan**

Day:				Time:						
Геат Name:	:									
Month	Strategy		Recommendations	Major Next	Collaborating Partners	Dates for	Primary	Secondary		

Month	Strategy Number	Activity	Recommendations for Completing	Major Next Steps	Collaborating Partners	Dates for Each Step	Primary Person Responsible	Secondary Person Responsible

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<b>Establish</b>	Establish Regular Meeting Schedule							
Month	Strategy Number	Activity	Recommendations for Completing					

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