

EDUCATOR CONSULTATION RECORD

Academic Year: 20__ / 20__

Lead Educator: _____

Department: _____

Meeting Date: _____

Course/Project: _____

DONE	AGENDA ITEM / TOPIC	DISCUSSION POINTS & DECISIONS	ACTION OWNER
	Curriculum & Syllabus Review		
	Student Assessment Feedback		
	Resource & Facility Needs		
	Research / Grant Collaboration		
	Administrative Deadlines		

EXTENDED NOTES & FOLLOW-UP SCHEDULE

Signature: _____

Next Meeting Date: ____ / ____ / ____