

**Pinellas County School SWAT Team 20____-20____
Meeting Report**

Please complete and submit within 2 days after each meeting.

SWAT School/Community Center: DOS CRESCENT FOUNDATION SWAT CLUB

Meeting Date: _____ Meeting Time: _____

Number of youth in attendance: _____ Number of adults in attendance: _____

Total members currently on SWAT team: _____

Was this an orientation meeting? _____ Were there elections at this meeting? _____

Person(s) leading the meeting: _____

Agenda items discussed at meeting (Please be as *DETAILED* as possible):

Topic discussed 1: _____

Topic discussed 2: _____

Topic discussed 3: _____

Challenges/Barriers: _____

Opportunities from meeting/Items needed/wanted for activities/club: _____

List efforts to promote SWAT activities at your school club or countywide:

1. _____
2. _____
3. _____

Name of person completing this form
(First name only for youth.)