

YOUR COOP • Meeting Tools Worksheet

Meeting Schedule:

We plan to use:

- 🍏 Standing Meeting day and time: _____
(for example, "the third Tuesday of every month at 3pm" or "every Monday at 10am")

OR

- 🍏 Advance Scheduling, to be set: _____
Next meetings: _____
(for example, the Board schedules quarterly meetings at the first meeting after annual elections)

OR

- 🍏 Rolling Meetings, to be scheduled
at the end of each meeting OR outside of meetings, via email, phone, or online scheduler

Meeting Roles:

We plan to have a:

- 🍏 Chair
- 🍏 Facilitator
- 🍏 Stack-keeper
- 🍏 Note-taker
- 🍏 Vibes-watcher
- 🍏 Convener
- 🍏 Needle
- 🍏 Other: _____

Roles will:

- 🍏 Rotate throughout the whole group OR a team

OR

- 🍏 Be fixed for a _____ term OR on an at-will basis
We will select these by: _____ (nomination, election, volunteer, etc.)

Meeting Timelines:

TASK	POINT PERSON/ROLE	DUE DATE
Send meeting reminder		days before meeting
Agenda items due to facilitator		days before meeting
Supporting documents due to facilitator		days before meeting
Agenda and documents posted		days before meeting
Notes and tasks posted		days after meeting
Mid-point task reminder		days after meeting
Other:		days

Note: This worksheet is designed to help your coop develop accountability through good meeting practices. For a comprehensive guide to holding effective meetings, contact a DAWN Peer Advisor.

- < – Agenda items and supporting documents are due two days in advance, age
- < –Agenda items can be submitted until the day of the meeting, supporting do
- < For –Agenda items must be submitted 2 weeks in advance, background docu

<i>Type of Meeting</i>	<i>Agenda Items due to facilitator</i>
<i>Weekly department meetings in an office setting</i>	2 days before
<i>Monthly café meetings</i>	day of
<i>Quarterly Board meetings</i>	3 weeks before

nda and documents are posted one day in advance, notes will be e-mailed the following day. Documents can be presented in the meeting (no advance reading required), notes to be posted immediately in the c. Documents are due 1 week in advance,

<i>Supporting Documents due to facilitator</i>	<i>Agenda and Documents shared with participants</i>	<i>Notes and Tasks posted</i>
2 days before	1 day before	via e-mail next day
n/a	in meeting	posted immediately
2 weeks before	1 week before	via email within 2 days

afé.

YOUR COOP • Sample Meeting Agenda

Wednesday, 7/30/14 - 3:00-5:00pm Pacific

[Web Conference and Call-in info]

Convene, take attendance

Present:

Absent:

Review roles & agenda

Convener: _____ Facilitator: _____ Notes: _____ Vibes: _____

Advice to notetaker: Bold next steps/tasks for review. Park ideas in the “bike rack” for future meetings.

Agenda:	Presenter	Background Docs	Outcome	Time
Review Minutes	Facilitator	6.5.2014Meetingminutes.doc	Discuss/vote	5m
Current Projects: Review tasks from last meeting	Facilitator		Discuss	10m
<i>[list tasks here]</i>				
Review Work Calendar		YourCoop.2014 Calendar	Present/Discuss	5m
Standing Committee & Staff Reports				
Committee A	Committee Rep	July Committee A Report.doc	Present	5m
Committee B	etc	<i>no report submitted</i>	Present	2m
Report from the Board	etc	July Board.ppt	Present	10m
Report from Management		July Sales.xls	Present	5m
Old Bike Rack & New Items				
Item #1		7.30.2014Bylaw change.doc	Vote	15m
Item #2		2015.StrategicPlan.pdf	Brainstorm	40m
Future Items (New Bike Rack)	Notetaker			
<i>[Recap Items that were tabled, or new needs you have identified. Assign presenters for a future meeting date]</i>				10m
Wrap Up				
Review tasks	Notetaker			5m
Schedule Next Meeting	Facilitator			3m
Evaluation	All			5m

YOUR COOP • Department
Team Meeting

Date & time: _____

Facilitator: _____

Notetaker: _____

Agenda:

Welcome!

- Check-ins
- Housekeeping & Agenda

Sales Report

-

Personnel Info

- Safety Corner
-

Product Info

- New Products
-

Marketing & Events

- Specials & Coupons
- Newsletter, Web & Social Media
-

Kudos & Concerns

-
-

Mission Time

-
-

Wrap-Up

- Questions
- Review Next Steps
- Schedule Next Meeting
- Evaluate Meeting

To be filled out during meeting:

Next Steps:

(include due date and point person)

-
-
-
-
-
-
-

To be filled out during meeting and posted for additions:

Potential topics for next meeting:

-
-
-
-
-
-

Next Meeting: _____

Facilitator: _____

YOUR COOP • Monthly Work Plan & Review

Employee: _____ Month/Year: _____ Hire Date: _____ Mentor: _____

Coop Goals for the Year	Employee Goals for the Year
<ul style="list-style-type: none"> ➤ ... ➤ ... ➤ ... 	<ul style="list-style-type: none"> ➤ ... ➤ ...

Position & Basic Responsibilities	Ongoing Responsibilities & Committees	Coop Time
<p><i>Job Title, Department</i></p> <ul style="list-style-type: none"> ➤ Summarize job description here ➤ ... <p style="text-align: center;"><i>Review these every meeting to make sure they are still relevant.</i></p>	<p><i>List coop or community leadership positions, and</i></p> <ul style="list-style-type: none"> ➤ areas of expertise ➤ specific work groups 	<p><i>Developing owners can take up a lot of time. Be mindful of these obligations:</i></p> <ul style="list-style-type: none"> ➤ board and coop meetings ➤ educational programs ➤ evaluations and mentoring

To be Filled Out by the Employee	To be Filled Out by the Mentor
<p>I am proud of...</p>	<p>You are doing great at...</p>
<p>I'd like to improve on...</p> <p style="text-align: center;"><i>Revisit this at the next meeting</i></p>	<p>You could improve on....</p> <p style="text-align: center;"><i>Revisit this at the next meeting</i></p>

YOUR COOP • Project Work Plan

Employee/Project Lead: _____

Project Dates: _____

Mentor: _____

Project Description	Project Objectives
<ul style="list-style-type: none"> ➤ <i>Deadlines and deliverables</i> ➤ ... ➤ ... 	<ul style="list-style-type: none"> ➤ <i>Who is this project benefitting?</i> ➤ <i>Why are you taking on this project?</i> ➤ ...

Lead's Responsibilities	Committee/Team Resources	Coop/Partner Responsibilities
<ul style="list-style-type: none"> ➤ <i>Be specific: what does "project lead" mean?</i> ➤ ... ➤ ... ➤ ... 	<ul style="list-style-type: none"> ➤ <i>Is the project lead part of a team?</i> ➤ <i>Can colleagues take the lead on specific tasks?</i> ➤ ... ➤ ... 	<ul style="list-style-type: none"> ➤ <i>Are clients or allies also responsible for the success of the project?</i> ➤ <i>Is the project lead relying on information or resources from the coop?</i> ➤ ...

To be Filled Out by the Employee	To be Filled Out by the Mentor
<i>What went well?</i>	<i>What went well?</i>
<i>What could we have done better?</i>	<i>What could we have done better?</i>

YOUR COOP • Project Work Plan

Employee/Project Lead: _____

Project Dates: _____

Mentor: _____

Project Tasks	Deadline / Priority	Support Needed	Follow-up Comments
<i>List tasks here</i>		<i>How can mentor or colleagues help with this task?</i>	<i>Complete this at the next meeting</i>
<i>Next meeting</i>			

Employee signature: _____

Mentor signature: _____

Date: _____

Workplan Quadrants

Employee: _____

Mentor: _____

Date: _____

Instructions: Use this matrix to "map" current and ongoing tasks or projects. Evaluate the **same** set of tasks on each page to organize your workload.

	More Urgent	Less Urgent
M o r e I m p o r t a n t		

L e s I m p o r t a n t		
---	--	--

Workplan Quadrants

	Less Effort	More Effort
M o r e I m p a c t		

<p>L e s s I m p a c t</p>		
--	--	--

Good Practices for Designing Coop Evaluation Systems

- Many of us have negative feelings about being evaluated on the job, from experiences of evaluations that were disempowering, unfair or anxiety-producing.
- It is possible to create evaluation systems that are empowering to employees, and are designed to help them succeed and grow in their working lives.
- People will find it easier to embrace a system for evaluations if they helped design it and are empowered to change or adapt it.
- The procedure for conducting employee evaluations should be described in your personnel policies.
- Personnel policies should be reviewed by an employment lawyer to ensure they do not violate local, state, or federal laws about discrimination, equal pay, or other employment laws.
- Evaluation criteria shouldn't be invented just for the evaluation form; every item should relate to an existing statement of expectations, such as: a values statement, code of conduct, or related document; job descriptions; the previous year's work/development plan.
- Be mindful of underlying assumptions when designing language for evaluation forms and policies, which may be disempowering to members of oppressed communities.
- Give each person a copy of the evaluation form when they are hired, and again one month before their evaluation happens, so there are no surprises.
- Make sure evaluation forms and procedures are standardized across all employees - with the exception of items that specifically reference an individual employee's job description.
- Employees should have a chance to respond to their evaluation in person and in writing, and their response should become part of the record of the evaluation.
- The evaluation process should include ways for employees to suggest improvements to the process.
- Evaluate performance, not personality.
- Feedback is a two-way street: Give the employee a chance to comment on quality of life questions about the workplace and co-op.
- The evaluation process should include training in giving and receiving feedback.
- Each employee should sign a written copy of their evaluation to indicate they have received it. The signed copy should be kept in the employee's personnel file.
- Evaluation policies are different than: grievance policies; sexual harassment policies, hiring/firing policies, conflict resolution/mediation, safety procedures, customer feedback, etc. If there is a problem in your workplace, be sure you are using the right procedure for the right issue.

Yearly Evaluation form

Name of the person being evaluated: _____

Position for which this person is being evaluated: _____

eVALUEation item 1= not at all, 2 = not very much, 3 = kind of, 4 = yes, 5 = very much so, d/k = don't know	
Does this person <i>[insert job duties and performance expectations here]</i>	
Does this person	
Does this person ...	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	
Does this person	

Last year, this person listed the following goals for improvement:

In your opinion, how did this person do in achieving these goals?

What are three things you would like this person to improve in the coming year?

Signed by: _____

Signature

 Name

 Date

YOUR COOP • Peer Evaluation Form

Instructions:

Please answer the following questions and return to the supervisor named below by: _____.
Please sign your comments. The person being reviewed will have access to your comments.

Employee: _____

Position: _____

[Briefly describe employee's duties and responsibilities here.]

Supervisor: _____

Comments due by: _____

Signature: _____ **Date:** _____

Questions:

1. How has the above person fit into the workplace?
2. What have you most enjoyed about working with this person? Least?
3. What are the major strengths and contributions this person adds to the organization? Be specific.
4. Does their present job make the best use of this person's talents and capabilities?
5. What do you see as her/his areas for improvement?
6. Other comments:

Client Feedback Form

Thank you for taking the time to help us evaluate your service provider. Your feedback is vital in helping us meet your needs. Please fill out this form and return to _____.
All feedback will remain confidential.

EMPLOYEE: _____

Please rate your service provider's performance in the following areas:

	Disagree	Agree
My provider shows up on time for all scheduled shifts.	1-----2-----3-----4-----5	
My provider adequately performs all the tasks of the job to my satisfaction.	1-----2-----3-----4-----5	
My provider's communication with me is clear and respectful.	1-----2-----3-----4-----5	
My provider ensures a safe environment for me.	1-----2-----3-----4-----5	
My provider....	1-----2-----3-----4-----5	
My provider....	1-----2-----3-----4-----5	

What do you like and appreciate about the services you receives from your provider?

What suggestions do you have for improving the services you receive from our coop?

Are you satisfied with your service schedule? Do you need any changes to your schedule?

Client's Signature: _____ **Date:** _____

YOUR COOP • Warning Form

Date: _____

Employee: _____

Supervisor: _____

Describe incident(s) of misconduct or unsatisfactory performance:

Have you spoken to the employee about similar problems before? When?

What steps have you taken to correct the problem?

Signature of Supervisor

Date

I have read this warning:

Signature of Employee

Date

Note: Attach other pages or documents as needed.

YOUR COOP • Disciplinary Probation Form

Employee: _____

Date: _____

Supervisor: _____

Length of probation: _____

Results expected by end of probation period:

Behavior changes expected during and after probation:

Actions supervisor and others will take during probation:

Dates of reviews during probation to check on progress

Date of review meeting at end of probation period

Signature of Supervisor

Date

Signature of Employee

Date

Supervisor's recommendation after probation period:

_____ *Probation period ended, return to regular status*

_____ *Extend probation for another _____*

_____ *Terminate employment*

Signature of Supervisor

Date

YOUR COOP • Disciplinary Probation Form

Employee: _____

Date: _____

Supervisor: _____

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Signature of Supervisor

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Signature of Employee

Date

Supervisor's recommendation after probation period:

_____ *Probation period ended, return to regular status*

_____ *Extend probation for another _____*

_____ *Terminate employment*

Signature of Supervisor

Date

YOUR COOP • Termination Checklist

Supervisor: _____

Employee: _____

Title/Location: _____

Status (full / part-time, #hrs, temp): _____

Worker-Owner (yes/no): _____ Internal Capital Account Status: _____

Date hired: _____ Last day of work: _____

Forwarding address and phone: _____

Reason for Termination:

_____ Voluntary resignation, date of notice given: _____

_____ Disciplinary action – misconduct

_____ Unsatisfactory work performance

Exit interview conducted? _____ By whom? _____

Date: _____ Notes attached? _____

REHIRE?

_____ Yes, left in good standing

_____ No

_____ With reservations

Unemployment Compensation Claim? _____

Date _____

Contested? _____