



Classroom Meeting Form

Date: _____

Classroom:

Schedule & Classroom Flow

- How is it going?
- Are transitions smooth?
- How can we improve as a team?

Parent Communication & Concerns

- Any behavioral concerns or parent feedback?
- Any positive parent highlights to share?

Environment, Materials & Classroom Care

- Are any materials damaged or needing replacement?
- Is the cleaning/maintenance schedule being followed?
- Any environmental updates needed (furniture, décor, layout)?

Teamwork & Roles

- Are classroom responsibilities clear between lead and assistant(s)?
- Any adjustments needed in daily routines?

Training & Professional Growth

- What areas should we improve as a team?
- Any Montessori lessons or presentations needing practice/support?

Child Observations & Development

- Are there any trends or themes we are noticing (social, emotional, academic)?
- Children needing extra observation or support?

Miscellaneous

- Other comments, questions, or ideas?

Action Steps / Follow-Up

Signatures

Lead Teacher Signature: _____

Morning Assistant Signature: _____

Afternoon Assistant Signature: _____