

# Wellness Center (2018-2019)

## Meeting Agenda

**NAME OF COUNCIL/TEAM:** Wellness Center (2018-2019)

**OBJECTIVE OF MEETING:** Review and respond to Recommendation Outline.

<p><b>DATE:</b> 11/02/2018 <b>TIME:</b> Input due 11/7/18</p>	<p><b>LOCATION/ROOM #:</b> Email Communication <b>CALL-IN NUMBER:</b> <b>CALL-IN CODE:</b></p>
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**FACILITATOR(S):** Parrish Geary, Breanne Holland

**TIMEKEEPER:**

**ASSISTANT:**

**ATTENDEES:**

**SUPPORTING RESOURCES (ITEMS READ IN PREPARATION FOR AND/OR BROUGHT TO MEETING):**

**UPDATES AND BRIEF REPORTS**

Topic	Person(s) Responsible	Time Allotted
Please see the Discussion Items below. Please respond via email to Parrish Geary and Breanne Holland with your recommendations for each area you feel comfortable providing input. **Items listed include notations from prior meeting indicated with a "-."		

**ACTION ITEMS:**

Question	Person(s) Responsible	Time Allotted

**DISCUSSION ITEMS:**

Question	Person(s) Responsible	Time Allotted
1. Physical space for first semester is fully defined. -current health center		
2. First semester services offerings are established. - need information from DO re: baseline services -expanded hours - WellSpace		
3. Flexible structure for the Health Center has been developed which can evolve over time in response to student need. - Established with floor plan designed for new health center space		
4. Process established to onboard future partners. -need discussion with JP to flesh this out (coming on 11/9/18) **Please provide suggested partners and/or onboarding ideas to run by JP.		

**ITEMS FOR FUTURE CONSIDERATION:**

Topic	Contact Person

**OTHER INFORMATION:**

