Partnership Practice Evaluation

Event or Practice:_____ Date:_____
School:_____ Date of Evaluation: _____

What was successful? How did you measure this success?:_____

_____

_____

_____

_____

What were the challenges?:_____

_____

_____

_____

What would you change to make this practice better if you were to do it again?:_____

_____

_____

_____

Please be sure to send a copy of this form to District ATP at Stevens Middle School.

PASCO SCHOOL DISTRICT #1
Celebrating academics, diversity and innovation.

School and Family Partnerships