



Collegial Circle: Reflection Sheet

(To be completed by individual Collegial Circle participants)

Name: _____

Collegial Circle: _____

Please indicate whether you Strongly Agree (SA), Agree (A), Neither Agree Nor Disagree (N), Disagree (D), or Strongly Disagree (SD) with each of the following statements:

	SA	A	N	D	SD
The established guidelines for Collegial Circles were clear to me.					
The amount of time allocated for the Collegial Circle was appropriate.					
Participation in this Collegial Circle fostered collaboration.					
The work I did in this Collegial Circle will directly impact my classroom practice.					
The work I did in this Collegial Circle will directly impact student work.					
The work I did in this Collegial Circle is in alignment with district and/or building goals.					
I was able to accurately assess the results of this Collegial Circle.					
The documentation (<i>samples of implementation strategies or student work sample</i>) required for a Collegial Circle is appropriate.					
We were able to meet all the goals/anticipated outcomes established for our Collegial Circle.					
I am satisfied with what was accomplished in this Collegial Circle.					
I would like to continue the work of this collegial circle with a follow-up Collegial Circle.					
I appreciate the opportunity to work, study, and share ideas with colleagues in the Collegial Circle atmosphere.					
I would recommend this form of professional development to a colleague.					

Comments/Suggestions about this Collegial Circle for PTC Policy Board:

Do you have any changes you would like to make to the Collegial Circles (*guidelines, hours, documentation, final report etc.*)?