## **Collegial Circle Final Report**

Please complete all information on this form. After it is complete, send it to the Teacher Center along with other supporting documentation. Electronic copies are preferred whenever possible.

	COLLEGIAL CIRCLE INFORMATION
Title of Circle	Standards
Title of Circle:	Area:
Facilitator:	School(s):
Beginning Date:  Please submit copie	Ending Date: # of Hours: # of Hours:
✓ C	ollegial Circle Attendance Log
	ollegial Circle Meeting Log amples of strategies implemented, materials created, or student work samples where applicable
✓ C	ollegial Circle Reflection Sheets - completed by each participant
	COLLEGIAL CIRCLE DESCRIPTION
What was the ant	ticipated goal(s) of this Collegial Circle?
What grade level(s) and or subject area(s) will benefit from this Circle?	
	FINAL REFLECTIONS
Was the goal of v	our Collegial Circle met? Please explain.
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How did the members of this Collegial Circle assess whether the outcome was met? What evidence was utilized to assess your progress?	
How did your work impact teaching and learning? [include student work samples, lesson plans, peer reviews, etc.]	
Did your work align with the Level of Evaluation you identified in your proposal? Please explain.	
Please included any additional comments you would like to share with the Collegial Circle Committee.  This may include unanticipated outcomes, next steps, new learning, etc.	