Name:

Date:

Topic:

|  |  |
| --- | --- |
| What am I committing to doing with this information? By when will I do it? | |
| In order to be successful I need… from my PLC or coach: | In order to be successful I need… from my administrator: |
| Please provide us feedback on this training session:   1. I benefitted from attending this session. Yes No 2. I am leaving this session with something tangible or specific I can use in my classroom. Yes No 3. Other: | |