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| **Background information** | **School** |  |
| **Name of Facilitator(s)** |  |
| **Anticipated Date** |  |
| **Total amount of time for workshop** |  |
| **Goals (2)** | By the end of this workshop, teachers will be able to: |
| **Anticipated number of teacher participants impacted** |  |
| **Grade level of teacher participants** |  |
| **Overview** | **Types of activities or strategies** |  |
| **Indiana Academic Standards** |  |
| **Student learning** | **Way(s) to gather evidence of student learning and how to interpret this evidence** |  |
| **Workshop evaluation** | **Way to gather feedback from participants** (Include copies of surveys, assessments, feedback forms) |  |
| **How you will follow up with each teacher to monitor and assess progress** (Include copies of surveys, assessments, feedback forms) |  |
| **Critical issues to consider** |  |
| **Ways to address critical issues** |  |