

Teacher Participant Final Report Form

To be completed by teacher participants and due to the board's director of education/supervisory officer of school authority by **June 29, 2012**.

Section 1: Participant/Group Leader Information

Last name		First name		Middle Initial
School Telephone Number	Work Email Address		Alternate Email Address	
Current School Address Street number Street name		City	Province	Postal Code
Name of School Board				

For your responses to Sections 2 and 3, please try to answer each question without exceeding the space provided

Section 2: Project Information

I. Name of Project:

II. Project Description (150 words or less):

III. Project Theme (pick up to three themes – one from each of the drop down lists below):

[choose from list](#)

[choose from list](#)

[choose from list](#)

IV. Search Key Words (include up to 5 key words that describe your project, e.g., reading, assessment, primary division, data collection, etc.)

V. Project Learning Goal(s):

Section 3: Participant Report

Project Success

I. Did you achieve the learning goal(s) you identified at the onset of the project?

- Fully
- Mostly
- Partially
- Not at all

Please explain:

II. Describe the ways in which your TLLP project was a success (e.g. collaboration, leadership development, etc.)?

Project Learning

III. What new professional learning did you acquire as a result of this project?

IV. How did you measure your learning as the project progressed? (e.g. surveys, reflective journals, portfolios, student achievement data, feedback, etc.)

Project Sharing

- V. a) How did you share this learning (written resources, teacher/school toolkit, working with other teachers in their classroom, facilitating workshops, podcasts, webcasts, video conferencing, wikis, etc.)?
b) With whom did you share this learning with?

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- VI. a) How did the people you shared with benefit from this learning?
b) How did you measure their learning? (e.g. feedback, surveys, observation, reflective journals, portfolios, focus groups, etc.)

VII. What question(s) do you still have regarding your sharing and learning experience?

Project Challenges

VIII. What challenges did you face in your project? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Time | <input type="checkbox"/> Funding |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Project Scope |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Other: <input type="text"/> |

IX. a) Please explain the challenges.

b) Were you able to overcome some or all of these challenges? If Yes, how? If No, why?

Project Extended Learning

X. Do you anticipate the project will continue beyond the TLLP implementation period (by you/your team, a colleague, a person you shared with, etc.)? If Yes, how? If No, why?

Section 4: Participant(s)

<input type="text"/>	X	<input type="text"/>
Participant/Group Leader name (please print)	Signature	Date (yyyy/mm/dd)
<input type="text"/>	X	<input type="text"/>
Group Participant name (please print)	Signature	Date (yyyy/mm/dd)
<input type="text"/>	X	<input type="text"/>
Group Participant name (please print)	Signature	Date (yyyy/mm/dd)
<input type="text"/>	X	<input type="text"/>
Group Participant name (please print)	Signature	Date (yyyy/mm/dd)