

Data Teams Monitoring Meeting Template

School: _____

Team: _____ Date: _____

Date of Next Monitoring Cycle: _____

GOAL:	TARGETED STRATEGIES:
HAVE STRATEGIES BEEN IMPLEMENTED?	HAVE STRATEGIES MADE AN IMPACT?
<input type="checkbox"/> YES <input type="checkbox"/> PARTIALLY EVIDENCE:	<input type="checkbox"/> YES EVIDENCE:
<input type="checkbox"/> NO: REASON(S) WHY IMPLEMENTATION DID NOT OCCUR:	<input type="checkbox"/> NO: REASON(S) WHY EXPECTED IMPACT DID NOT OCCUR:
HAS PERFORMANCE ASSESSMENT HAD AN IMPACT ON STUDENT LEARNING?	SUGGESTED ADJUSTMENTS TO INSTRUCTIONAL PLAN
<input type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE:	
TEAM REFLECTION:	