  
Classified Learning Cooperative Program

**Facilitator Summary**

Title of CLC: Click here to enter text.  
CLC Points: Choose an item.  
Actual start date: Click here to enter text.  
Actual end date: Click here to enter text.

*For coordinator to complete*Received date: Click here to enter text.  
CLC #: Click here to enter text.

**PLANNING Your clc**

**FACILITATOR CONTACT INFORMATION**

Primary facilitator name: Click here to enter text.

Co-facilitator name (if any): Click here to enter text.

Work location: Click here to enter text.

Email: Click here to enter text.

**LEARNING SUMMARY**

Summarize your participants’ thoughts and reactions to the new learning that took place in this CLC by citing a few examples of how the participants implemented their new learning in the classroom with their students. Include any changes and modifications to the original CLC proposal that occurred as a result of the participants learning.

Click here to enter text.

Do you feel this learning will have a direct or indirect impact on student learning? If so, how? Click here to enter text.

**REFLECTION**

*Complete the following based on your review of the participants’ summaries:*

Overall impact of the learning on your participants: Click here to enter text.

What did *you* learn as a result of this CLC? Click here to enter text.

What, if anything, would you change if you were to facilitate this CLC again?

Did you come up with any ideas for future CLCs as a result of this one? If yes, what are they? Click here to enter text.

**PARTICIPANT ROSTER**

*To be completed by primary facilitator. Send original signed copy to Courtney Martin at PSEA upon completion of the CLC.*

*Please “X” the appropriate box for each participant.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Participant | Completed  (Met all requirements and receives points) | Not Completed  (Attended TLC but did not complete all requirements and does not receive points) | Dropped  (Did not finish course) | Pending  (Please cite reason and anticipated completion date)  \*Must be cleared by 6/1 |
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CLC Name: Facilitator Name:

Primary Facilitator’s Signature: Date: