

School: OW E	Team:	Date:	Dates of next monitoring cycle:
Goal		Targeted Strategies	
<p>Has this strategy been implemented?</p> <input type="checkbox"/> Not Implemented <input type="checkbox"/> Partially Implemented <input type="checkbox"/> Implemented Fully <p>Reasons implementation was incomplete or did not occur</p>		<p>Has this activity had impact?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Reasons expected impact did or did not occur</p>	
Evidence of actual impact on instructional practice and/or student learning		Suggested adjustments or recommendations	
Reflections		Other relevant information	

