

**Professional Development**

**Study Group - Completion Form**

Study Group Title:

Facilitator: Building & District:

**Please summarize the collective new knowledge your group acquired as a result of this study group work.** (please use the space below or attach your response to this form)

**As the Study Group Facilitator, I certify that**

* All meetings were held as documented in the meeting logs and roster/attendance sheet.
* All participants were present as recorded on the roster/attendance sheet.
* All participants rated satisfactorily were active participants.
* All participants rated satisfactorily completed a minimum of 15 hours with the group.

 Signature of Study Group Facilitator

**As Administrator of this school/district, I certify that**

* The goals and topic of this study group are in line with the school improvement goals and priorities of our school/district.
* The final product(s) (group or individual) includes data regarding impact on student achievement, and represents an acceptable outcome of the efforts of this study group as a contribution to our school/district.

 Signature of Administrator Title

**Return the following to Susie Green, Grant Wood AEA, within 2 weeks of study group completion:**

* Study Group Completion Form
* Roster with Attendance and Grades\*
* Signed Meeting Logs (1 per meeting)
* Group and/or Individual Final Products

\*Grading: S=Satisfactory U=Unsatisfactory

A grade of “S” requires a minimum of 15 contact hours with the group, active participation in the study group process and contribution to the group or individual final product.

Revised: 12/2013