

# Schools of Greatest Need Report Form

Date \_\_\_\_\_ Person Conducting Session: \_\_\_\_\_

Describe the Group \_\_\_\_\_ Recorder: \_\_\_\_\_

Meeting Location (include city and region #) \_\_\_\_\_

**Return to Barbara Kerr by email: ([bkerr@cta.org](mailto:bkerr@cta.org)) or by FAX: (650) 552 – 5007**

Fill out the form below. You may attach additional sheets and provide additional information that you think is appropriate.

## **Driving and Restraining Forces:**

List below the driving and restraining forces identified by your group.

Driving Forces	Restraining Forces

**What subject or issue generated the most active discussion?**

## **CTA Strategy**

**List the elements identified by participants that should be part of CTA's strategy in regard to improving the Schools of Greatest Need.**

*Please indicate the most important strategies identified by participants with a star or asterisk next to that strategy (indicate up to three).*

## Sign-in Sheet

<b>Name:</b>  Willing to hold a listen/ learn session? <b>Yes/ No</b>	<b>Street Address:</b>  <b>Phone:</b>  <b>Email:</b>	Circle the ONE category that most <b>STRONGLY</b> represents your point of view.  <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Teacher</span> <span>Administrator</span> <span>CTA Staff</span> <span>Community Member</span> <span>Parent</span> <span>Student</span> </div>	<b>Your Ethnicity (Optional)</b> African American Asian Pacific Islander Caucasian Hispanic Native American
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## **Optional Evaluation Form**

**What portions of the sessions worked well?**

**What portions of the session did not work well?**

**What topics engaged the participants the most?**

**What was the most confusing issue(s) or topic(s) that arose in the session?**