Teacher Notes for Weekly Individual Meeting

Teacher’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Leadership Team Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Praises:**

**Teacher stated needs, areas of support, or suggestions:**

**TLT Member recommendations/strategies:**

**Model:**

**Practice:**

**Teacher next steps:**

**1.**

**2.**

**3.**

**Deliverables for next meeting or timeline:**

**1.**

**2.**

**3.**