

## LEARNING GROUPS TO IMPROVE STUDENT LEARNING

Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_ Program: \_\_\_\_\_

Content Area: \_\_\_\_\_

**Learning Groups** are small groups of educators who meet regularly with the focus on student learning. Group members research and practice new methods for meeting student educational needs.

By **October 15<sup>th</sup>**, schedule and complete a **Planning Session** with your administrator to accomplish the following:

Develop a learning group goal.

Select the evaluation criteria to be addressed from the following:

Content Knowledge

Preparation

Instructional Delivery

Classroom Management

Student Development

Student Assessment

Collaboration

Reflective & Responsive Practice

Select group members and a group facilitator.

Discuss proposed meeting schedule.

Determine the method of learning and resources needed.

By **November 1<sup>st</sup>**, submit a **Learning Group Plan** that includes the focus question and a plan of how the group will research the topic area.

By **December 15<sup>th</sup>**, schedule a **Discussion Session** with your administrator to talk about the progress made with your Learning Group on the topic area.

By **February 15<sup>th</sup>**, schedule and complete a **Reflective Session** with your administrator to discuss your learning group topic and how your learning will impact students. At this meeting, develop a plan for sharing your findings with others (i.e. faculty meeting, workshop, written summary, etc.)

By **April 1<sup>st</sup>**, the presentation of your Learning Group should be completed.

By **June 1<sup>st</sup>**, your administrator will complete a narrative summary to be added to your personnel file regarding your work with your learning group.

*I accept responsibility for completing my work with my learning group in accordance with the guidelines provided.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**LEARNING GROUP PLAN**

**Name:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Content Area:** \_\_\_\_\_

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*This learning group plan must be submitted to your supervisor by November 1<sup>st</sup>.*

**Learning Group Goal:**

**Select the Evaluation Criteria to be Addressed: (Please circle)**

Content Knowledge

Student Development

Preparation

Student Assessment

Instructional Delivery

Collaboration

Classroom Management

Reflective & Responsive Practice

**Name of Learning Group Members:**

**Proposed Meeting Schedule of the Learning Group:**

**Method of Learning:**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date