



# After School Collaboration Planning Form

Provide a copy to your principal, the CTA ProD Chair ([pdchair@chilliwackteachers.com](mailto:pdchair@chilliwackteachers.com)) and/or CUPE Shop Steward. Share your learning with your staff.

School Based: School/Site \_\_\_\_\_

Intra-district discrete group: *please indicate school/site*

**Facilitator(s):** \_\_\_\_\_

**Group Members:** *please indicate CTA, CUPE or Admin*

*(4-15 members for discrete district groups)*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Topic:** \_\_\_\_\_

**Inquiry question or focus**



**Group Questions:**

Where are we?

*Current status, strengths, areas of challenge*

Where are we going?

*Target/goal*

How are we going to get there?

*Timeline for collaboration sessions, guests, resources*

How do we know we have achieved the goal?

*Describe what success looks like*

How might this impact student learning?

*How will you track impact of actions?*