

**Action Team for Partnerships Evaluation**  
***Strengthening Partnerships to Achieve Student Success***

Fill out this form individually, then discuss responses with your team.

Describe your team:

\_\_\_\_\_ Vibrant, enthusiastic, goal-oriented

\_\_\_\_\_ Down to business, succeeded in writing a plan and implementing most of it

\_\_\_\_\_ O.K., could have been more inclusive

\_\_\_\_\_ In name only.

\_\_\_\_\_ Other (*write your own description*)

**What did you learn about partnerships at your school during the past year as a result of your action team?**

**Based on your experience this year, what will you do differently next year? What will you do the same?**

**What practice or activity had the most positive impact on the most students? What made it successful?**

**What partnership-related topic would you like to learn more about?**

**What additional training or resources would be helpful to your team?**

**What are your plans for next year?**

**Other comments or suggestions:**

**Please share your reflections with your team and consider these reflections as you write next year's action plan.**