**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following statements relate to the targets of the CIP Foundational Services training/workshop session Informal District Needs Assessment for Service Providers. Based on your Continuous Improvement Plan, please indicate your comfort level with the following: \*\*Note – AC/SPs, you are completing this pre-post using the **BOLD face items**; the people with whom you meet will complete using the *italicized statements.*\*\*

*4= Fully Agree*

*3= Agree*

*2= Somewhat Agree*

*1= Disagree*

|  |  |  |
| --- | --- | --- |
| CIP – Informal District Needs Assessment | Pre | Post |
| **I can guide districts to describe their current professional development focus**  *(I can describe our current professional development focus) for participants at district level* |  |  |
| **I can guide districts to articulate their top three professional development goals**  *(I can articulate our top three professional development goals) for participants at district level* |  |  |
| **I can guide districts to identify areas in which their district could benefit from assistance**  *(I can identify areas in which our district could benefit from assistance)* *for participants at district level* |  |  |
| **I can guide districts to identify the Foundational Services offerings that meet their CIP needs**  *(I can identify the Foundational Services offerings that meet our CIP needs) for participants at district level* |  |  |

**Reflection Questions following post survey:**

1. In what areas did you grow the most?
2. In what areas do you need further development?
3. What next steps do you plan to take to further develop your knowledge and skills related to Continuous Improvement Planning?