

Light of Christ RCSSD #16 Differentiated Supervision Teacher/Director/ or Designate Meeting	
Teacher	School
Other Participants	
Format	
Goal(s)	
Describe how this project will improve student learning	
Methods and Strategies used to achieve results	
Indicators of Progress	
Resources/Supports needed	
Teacher Signature	In-school Administrator Signature
Starting Date of Plan	Today's Date

Please complete teacher self assessment rubrics along with your project summary.