



# Member Impact Form

<b>SCHOOL NAME</b>	
--------------------	--

<b>MEMBER NAME</b>	
--------------------	--

<b>MTS MEMBER NUMBER</b>	
--------------------------	--

## REFLECTIONS BEFORE THE PROJECT STARTS

*What is your motivation for joining this collaborative learning team?*

*How do you hope this project will impact your practice?*

## REFLECTIONS AFTER THE PROJECT ENDS

*How did the project impact your practice?*

*What are your three big take-aways?*