

## Continuity, Inservice, or Youth, Family, and Community Activity Worksheet

**Name of Activity** \_\_\_\_\_ **Name of Program** \_\_\_\_\_

**Activity Category** (Online: you will select one – Continuity; Inservice; or Youth, Family, and Community) \_\_\_\_\_

**Type of Activity** (Online: You will select one, based on activity category):

**Continuity**

- \_ Advanced, open, or special-topic institute for TCs
- \_ Extension or university course for TCs, including online courses
- \_ Retreat, renewal, or follow-up for TCs
- \_ Site governance or program-planning meeting(s) for TCs
- \_ Site-sponsored conference or conference sessions for TCs
- \_ Study group, teacher research, or seminar for TCs
- \_ Support sessions for TCs (e.g., coaching, planning, and debriefing sessions)
- \_ TC participation on national (NWP) leadership team
- \_ TC participation in national (NWP) event
- \_ Workshops or series of workshops for TCs
- \_ Writing response groups and/or publication efforts for TCs

**Inservice**

- \_ Collaborative planning and/or curriculum development
- \_ Model lessons or classroom coaching
- \_ Open or special-topic institute
- \_ School or district writing assessment/examination of student work
- \_ Site-sponsored conference or conference session
- \_ Study group, teacher research, or seminar
- \_ Workshop or series of workshops

**YFC**

- \_ Young Writers Program
- \_ Other Youth Program
- \_ Parents/Family Members Program
- \_ Community Program

**Start Date** \_\_\_\_\_ (mm/dd/yyyy) **End Date** \_\_\_\_\_ (mm/dd/yyyy)

**Number of Days** \_\_\_\_\_ **Average Hours per Day** \_\_\_\_\_ **Number of TCs Facilitating** \_\_\_\_\_

**Was this activity provided as part of a partnership?** YES  NO

If YES, please select name of the partnership \_\_\_\_\_  
 (Online: You will choose from a list of previously entered partnerships or enter a new partnership.)

**Was this activity related to an NWP initiative, network, or other program?** YES  NO

If YES, please select name of initiative, network, or other program \_\_\_\_\_  
 (Online: You will choose from a list of initiatives, networks, and programs, e.g., Rural Sites Network or Technology Initiative)

**Did this activity include content focusing on the use of technology for the teaching of writing?** YES  NO

**Did this activity include content focusing on reading comprehension?** YES  NO

**Comments (optional)** \_\_\_\_\_

**Participants:**

Please list the name of each audience (e.g., school name) and audience type,\* and the number of participants who attended this activity from each audience. Count each participant only once.

Audience Name	Audience Type*	K-12 Teachers	Other Educators	Administrators	Preservice	Higher Education Teachers
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

\* Audience Type = District/Local Education Agency, School, College/University, Unknown, or Other  
 Please use the back of this page to list additional audiences.

**Number of Family (YFC only)** \_\_\_\_\_ **Number of Youth (YFC only)** \_\_\_\_\_ **Number of Others** \_\_\_\_\_

**Was this activity designed to have all participants attend the entire program?** YES  NO

If NO: **Average Number of Days per Participant** \_\_\_\_\_ **Average Hours per Day per Participant** \_\_\_\_\_