



CESA 2 Meeting Evaluation ELL Network Meeting

Date: _____

District: _____

1. What worked well for me today?

2. In terms of ELL what else might you need?

3. What information do I need to make sure that I link back to my school or district?

4. What steps if any, do I need to take to prepare for the next meeting?

_____	_____
_____	_____
_____	_____

Name: _____