

## Small Group Meeting Report

Teacher's Name: \_\_\_\_\_

Teacher's School: \_\_\_\_\_

### Lesson Study Site Visit

Date	Location	Travel? Yes or No	Sub? Yes or No	If yes, whole day or half day?

### Lesson Study Team Meeting

Date	Location (Online or School Site- If school site please specify)	Meeting Start Time	Meeting End Time	Travel? Yes or No	Sub? Yes or No	If yes, whole day or half day?

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Date

Mail to: Angela Parsons  
Plowing Freedom's Ground Project Coordinator  
Dept of Curriculum and Teaching  
5040 Haley Center  
Auburn, AL 36849-5212

**To be completed by PFG staff:** This teacher should receive a travel supplement in the amount of \_\_\_\_\_. The school system will be reimbursed this amount from the grant.