### KNCA Report: Second Team Visit - Chair’s Report

**Date of Contact/Visit:** 

**Length of Contact/Visit:** 

**Name:** 

**Phone:** 

**Position:** 

**Fax:** 

**School or Organization:** 

**Address:** 

**City:** 

**ST:** 

**ZIP:** 

**E-Mail:** 

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**School Name:** 

**Phone:** 

**Address:** 

**City:** 

**ST:** 

**ZIP:** 

**Principal:** 

**E-Mail:** 

**School’s Web Address:** 

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#### Visiting Team Members:

1. **Name:** 
   - **Current Position:** 
   - **Home School:** 
   - **Address:** 
   - **City:** 
   - **ST:** 
   - **ZIP:** 
   - **Goal:** 
   - **Phone:** 
   - **FAX:** 
   - **E-Mail:** 

2. **Name:** 
   - **Current Position:** 
   - **Home School:** 
   - **Address:** 
   - **City:** 
   - **ST:** 
   - **ZIP:** 
   - **Goal:** 
   - **Phone:** 
   - **FAX:** 
   - **E-Mail:** 

3. **Name:** 
   - **Current Position:** 
   - **Home School:** 
   - **Address:** 
   - **City:** 
   - **ST:** 
   - **ZIP:** 
   - **Goal:** 
   - **Phone:** 
   - **FAX:** 
   - **E-Mail:** 

*Revised June, 2005*
KNCA Report: Second Team Visit - CHAIR Report

Chairperson [ ] School [ ]

The purpose of this visit is to review the early implementation efforts of the school. Consideration should be given to these issues in a narrative format in the following templates. Is a method in place to insure data is being gathered for documentation of student achievement? Are plans in place to use data for formative decisions (ex: to change instructional practices or identify sub-groups of learners)? Are initial stages of staff development completed so that staff are confident and ready for implementation? Discuss any concerns or problems which have been encountered during the initial implementation of interventions.

Commendations:

Issues/Concerns:

Next Steps:

Signature [ ] Date [ ]
KNCA Report: Second Team Visit – Team MEMBER 1 Report

Team Member: [Name]  School: [School Name]

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Commendations:

Issues/Concerns:

Next Steps:

Signature: ___________________________  Date: ___________________________
KNCA Report: Second Team Visit – Team MEMBER 2 Report

Team Member: 
School: 

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Commendations:

Issues/Concerns:

Next Steps:

Signature: ___________________________ Date: ___________________________
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Commendations:

Issues/Concerns:

Next Steps:

Signature: ___________________________  Date: ___________________________