

My 3 Questions Summary

Team Name: _____ Date: _____ Time Spent Discussing: _____

Summarize the critical topics you discussed with your team for *My 3 Questions*. Be as specific as possible in preparation for your work during Week 5.

TOPIC	QUESTIONS RAISED?	HOW APPLICABLE WAS THIS TO YOUR PRACTICE?					NOTES/COMMENTS
		None	Not much	A little	Some	A lot	
<i>Session 1: Understanding Transition Assessment</i>							
<ul style="list-style-type: none"> • Myth/Reality of transition assessment • Definition and purpose of transition assessment • Student roles & self-determination 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Session 2: Types and Approaches</i>							
<ul style="list-style-type: none"> • Formal assessments & administering them • Informal assessments & administering them 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Session 3: Assessment Process</i>							
<ul style="list-style-type: none"> • Guiding questions • Assessment selection • Assessment plan • Sharing assessment information 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:							

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