



MIDDLETOWN TEACHER CENTER

441 East Main Street • Middletown, NY 10940

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Study Group Log

Study Group Topic: _____

Meeting Date: _____ Session #: _____ Facilitator: _____

Study Group participants (Please make sure to sign in at each session)

Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Brief summary of today's discussion and activities:

Agenda for next meeting:

Assignments for next study group session:

Support needed from administration:

Support needed from Teacher Center:

The log should be submitted to the Teacher Center via inter-office mail at the conclusion of each session.