



Name of Best Practice

Use this form to share successful efforts with your regional partners in North State Together. Please return completed form to North State Together at nst@shastacollege.edu for distribution.

Name:

Contact Email:

Organization:

Contact Phone:

Date:

Demographics Served:

OVERVIEW

What was the **problem** you aimed to solve? What **change** did you implement?
What **impact** did the change have on the problem?

KEY DETAILS

What are the necessary details to successfully implement this practice?

LENGTH

How long did the entire project take? If you had multiple sessions, please detail the length of each.

SETTING

Where did the activities take place? How many people was this designed for?

ACTIVITY

What did you do? How many staff members facilitated? Were there questions? Games?

REASONING

Why this activity, specifically?

HOW DO YOU KNOW YOUR PRACTICE WORKED?

Please provide explain the results you saw. Include charts, trackers, etc.

NECESSARY TOOLS

If there are lesson plans, work plans, presentations, exit tickets, student feedback, measurement tools, please include or link them below.

TIPS FOR IMPLEMENTATION

What tips do you have for someone who wants to implement this change in their program? Think about what challenges you faced along this process. What would be best to do/not to do when implementing? Who should be involved? Is this best co-facilitated? Etc.