

IMPACT STUDY CHECKSHEET
University of Mary Washington College of Education

Name: _____ **Program:** _____

University Supervisor: _____

Mentor Teacher: _____

Unit Title: _____

Dates to be implemented: _____ **(Must have plans approved by US and MT 1 Week Prior.)**

Students: It is your responsibility to complete this form in its entirety and obtain signatures for the required components from your US and MT. This sheet must be turned in with your final Impact Study. Please see US for due dates.

Item	Date Completed/ Score	US Signature	MT Signature
Unit Lesson Approval (See handbook for lesson plan template.)	(1 Week prior to implementation)		
Impact Study Submission 1			(Not needed)
Impact Study Revised Submission			(Not needed)

"I hereby declare upon my word of honor that I have neither given nor received unauthorized help on this work."

Student Signature: _____