

## Impact Team Survey: Partnerships FY\_\_\_\_\_

Educator Name: \_\_\_\_\_

Name of your Impact Program: \_\_\_\_\_

Issue being addressed by county partnership: \_\_\_\_\_

At impact team meetings in April 2005, team members were encouraged to begin building county partnerships. This survey is being conducted to assess the progress being made toward forming and/or strengthening partnerships across the state. Please complete the following table(s) as detailed as possible and return this form to your district office by \_\_\_\_\_.

You may have information to place in both tables especially if partnerships are just beginning to form. Add more rows to either table by clicking on "Table" then "Insert" then "Row Above" or "Row Below." Your cursor must be somewhere in the table at the time you are inserting a row.

Partners already contacted:

<b>Name/Agency/ Organization</b>	<b>How contact was made (i.e. meeting, phone, etc.)</b>	<b>Joint activities conducted/planned</b>	<b>Activities planned separately by partner to address this issue</b>	<b>Resources partner is contributing to partnership</b>

Please complete the following table if you are just beginning work with new county impact team partners:

<b>Potential Partner Name/Agency/organization</b>	<b>Type of contact planned (i.e. meeting, phone, etc.)</b>	<b>Date contact will be made (be as specific as possible)</b>	<b>List ways this partner could possibly contribute to addressing this issue</b>	<b>Ideas for joint programming with this partner</b>

*Note: This completed survey would be good documentation to use when compiling the “Teamwork” and “Program Planning” sections of your performance portfolio.*