TESI Program Final Reflection & Summary Report

Project Title

Project Participants

Project Lead

Name:	
Position	
Faculty / School / Department:	
Phone number:	
E-mail:	

Other project participants:

Name:	
Position:	
Faculty / School / Department:	
E-mail:	
Project Role (e.g., co-lead, collaborator)	

Name:	
Position:	
Faculty / School / Department:	
Email:	
Project Role (e.g., co-lead, collaborator)	

Name:	
Position:	
Faculty / School / Department:	
E-mail:	
Project Role (e.g., co-lead, collaborator)	

Name:	
Position:	
Faculty / School / Department:	
Email:	
Project Role (e.g., co-lead, collaborator)	

PART I – Project Overview

1. Please provide a brief (**Max 3000 characters / approximately 400 words**) overview of your project. It should include:
   - the issue you were trying to address and your inquiry questions
   - a description of the methodology/methods used and the data you collected
   - a description of your findings
   - your conclusions and recommendations

2. Please provide up to 5 keywords to identify your project.

3. During your project, did you do anything differently than was planned in your project proposal? If yes, please describe and explain why. (**Max 1500 characters**)

4. Did you receive additional funding for your project, if so, how much and where from?

PART II – Professional Growth

1. What were some of the significant learnings related to conducting SoTL research you gained through your participation in the TESI Program? Was there anything you learned unexpectedly. (**Max 2500 characters**)

2. What were some of the significant learnings related to teaching and learning you gained through your participation in the TESI Program? Has this project influenced your teaching philosophy or led to changes in the way you intend to teach in the future? Please explain and provide examples where appropriate. (**Max 2500 characters**)

3. Have there been other benefits related to the project for you, your team members, or others (e.g., awards or recognitions, taking on a different role or position, mentoring of colleagues, involvement in related projects, grants)? Please explain and provide examples where appropriate. (**Max 2500 characters**)

PART III – Knowledge Dissemination

1. We asked that you share information about your project with close colleagues or Memorial's learning community either in a formal or informal way. Please describe how you shared your findings (e.g., type of event, audience) and your thoughts on sharing your findings (e.g., feedback from others)? (**Max 1000 characters**)

2. Do you have plans for future dissemination of your project? If so, how do you plan to disseminate your work? If you have already formally disseminated your work (e.g., conference presentation) can you please share the citation.

PART IV – Student Involvement

1. If this project was implemented in a particular course(s), please list the course(s), semester(s) and number of student participants in the table below:

Course number & title	Semester	No. of students

2. We would like to collect feedback from the research assistants that were involved with this project to better understand how it impacted their learning and development. To do this we would like to send them an anonymous survey for this purpose. Can you please provide their contact information?

Name	Email

PART V – Budget

Please use the table below to provide an itemized accounting of how you used the TESI grant funds.

Item	Amount

Remaining Funds

If you have funds remaining from the TESI program and would like continued access for dissemination purposes, please indicate this below. Note that you will have access to your funding for a maximum of 18 months after submitting this proposal. After 18 months, all unused funding must be returned to CITL.

Yes, I would like continued access ☐

No, I do not require continued access ☐

PART VI – Attachments

When you submit your final report, please attach any dissemination artifacts (e.g., presentation slides, manuscripts, etc.) you generated as a part of the TESI Program.

Part VII – Consent

As the project lead, I consent to having the contents of this final report shared on CITL's website.

Yes, I consent ☐

No, I do not consent ☐

_____   _____
(Project Lead Signature)   **Date (D/M/Y)**