When would **you** participate in the next ISW Community of Practice meeting(s)? (Check as many or as few as you would realistically attend.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Early October | Late October | Early November | Late November | Early December | Early January | Late January |
|  |  |  |  |  |  |  |

Select the times you **are/might be** available to participate in meetings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Lunchtime |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

**Notes/Comments:**

When would **you** participate in the next ISW Community of Practice meeting(s)? (Check as many or as few as you would realistically attend.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Early October | Late October | Early November | Late November | Early December | Early January | Late January |
|  |  |  |  |  |  |  |

Select the times you **are** available to participate in meetings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Lunchtime |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

**Notes/Comments:**