

**Partnership Resource Teams**

**Summary of Initial Visit**

Date of Visit:

Name of Institution:

Partnership Resource Team Members:

| **Area of Focus** | **Institution’s Point Person or Group, If Known** | **Heard during the Visit:****Institutional Activities Underway****(Positive Steps Taken or in Progress)** | **Heard during the Visit:****Ideas Expressed by the Institution****(Issues, Challenges, Desired Solutions)** |
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