**EDGE Reflection Summary**

**(due within 1-month after the EDGE integration has occurred)**

**Name:**  Click here to enter your name

**Title:** Click here to enter your title

**Select your campus:**

IU Bloomington  IUPUI  IU East

IU Kokomo  IU Northwest  IU South Bend

IU Southeast  IUPU Columbus

**Department:** Click here to enter department affiliation

**Email:** Click here to enter email address

**Phone:** Click here to enter phone number

**Campus mailing address:**

Click here to enter your campus mailing address

1. What worked especially well in integrating EDGE modules into your course, meeting, or student experience?

Click here to enter information

1. What challenges did you face with EDGE integration?

Click here to enter information

1. What overall feedback do you have concerning the EDGE module(s) you used?

Click here to enter information

1. What recommendations do you have for future EDGE module topics?

Click here to enter information

***Please include an electronic version of assignments/activities used in EDGE module integration.***