Program Name: Date:

Address: Phone:

Administrator: Email:

Program Implementation Coach: Email:

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| **Team Roster** *Name Team/Program Role Email* |
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| **Meeting Dates** |
| AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | JULY |
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| Meeting Time:  | Meeting Location:  |

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|  **Meeting Ground Rules** |
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|  **Team’s Mission Statement** |
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**Critical Elements:** Establish Leadership Team; Staff Buy-In, Family Engagement; Program-Wide Expectations; Professional Development and Staff Support Plan; Procedures for Responding to Challenging Behavior; Monitoring Implementation and Outcomes

| **Critical Element** | **What is the problem/issue/task to be addressed?** | **Action Step/Activity** | **Persons Responsible** | **Follow-Up or Completion Date** |
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| **Establish Leadership Team** |  |  |  |  |
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| **Staff Buy-In** |  |  |  |  |
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| **Family Engagement** |  |  |  |  |
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| **Program-Wide Expectations**  |  |  |  |  |
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| **Professional Development and Staff Support Plan** |  |  |  |  |
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| **Procedures for responding to Challenging Behavior** |  |  |  |  |
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| **Monitoring Implementation and Outcomes** |  |  |  |  |
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