

Program Name: _____ Date: _____

Address: _____ Phone: _____

Administrator: _____ Email: _____

Program Implementation Coach: _____ Email: _____

Team Roster		
<i>Name</i>	<i>Team/Program Role</i>	<i>Email</i>

Meeting Dates											
AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
Meeting Time:						Meeting Location:					

Team's Mission Statement

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
Establish Leadership Team				
Staff Buy-In				
Family Engagement				
Program-Wide Expectations				



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Procedures for responding to Challenging Behavior				
Monitoring Implementation and Outcomes				