

Program Name: _____ Date: _____

Address: _____ Phone: _____

Administrator: _____ Email: _____

Program 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: _____					

Meeting Ground Rules	

Team's Mission Statement

Critical Elements: Establish Leadership Team; Staff Readiness and Buy-In, Family Engagement; Building Staff Capacity; Providing Interventions to Children with Persistent 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				
Staff Capacity				

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Providing Interventions to Children with Persistent Challenging Behavior				
Monitoring Implementation and Outcomes				