

Community Name: _____ Date: _____

CLT Lead: _____ Email: _____

Team Roster		
Name	Team/Program Role	Email

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: Community Leadership Team Membership and Teaming; Funding; Communication and Visibility; Implementation and Demonstration Sites; Families; Behavior Support; Professional Development; 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
Community Leadership Team Membership and Teaming				
Funding				
Communication and Visibility				
Implementation and Demonstration Sites				

Critical Element	What is the problem/issue/task to be addressed?	Action Step/Activity	Persons Responsible	Follow-Up or Completion Date
Families				
Behavior Support				
Professional Development				
Monitoring Implementation and Outcomes				