



# Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGRESS	YES	
<p><b>The teaching practice I am working on is:</b> <i>(copy this right off the Needs Assessment)</i></p> <p><b>I will work on this teaching practice</b> _____ <i>(time, day, part of routine)</i></p> <p><i>(Optional) I will work on this teaching practice with</i> _____ <i>(specific children)</i></p> <p><b>I will:</b> <i>(describe exactly what you will do if you are implementing this teaching practice)</i></p>				
Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE		
Prepare to Collect Data				

**How will you know when you have met your goal?** *(Remember to focus on implementation of the teaching practice)*

**What data will you collect about implementation of this teaching practice?** *(Will you record how often you used the practice? What you did? How the children responded?)*