**<Insert District Name>**

**<Insert School Name>**

**Implementation Plan for <Insert Program Name>**

**<Insert School Year(s)>**

|  |  |
| --- | --- |
| **Site Information** | |
| Program Coordinator |  |
| Phone Number |  |
| Email |  |
| Site/School Address |  |

|  |  |
| --- | --- |
| **Timeline and Milestones** | |
| **Implementation Period** |  |
| Dates for program implementation |  |
| **Training Information** |  |
| Names and titles of staff to be trained |  |
| Dates for training sessions |  |
| **Recruitment/Consent Forms** |  |
| Dates for mailing/obtaining parent consent forms |  |
| **Parent Information Night(s)** |  |
| Number of Parents Expected to Participate |  |
| Location of Parent Presentation |  |
| Dates/Times for Parent Lessons/Session |  |
| **Surveys** |  |
| Dates for administering pre-survey |  |
| Dates for administering post-survey |  |

|  |  |
| --- | --- |
| **School Implementation Plan** | |
| **Curriculum Implementation** |  |
| Name(s) of staff who will implement curriculum |  |
| Number of Curriculum Sessions at Site  [Ex. How many times will curriculum be presented completely?] |  |
| Number of Participants in Curriculum at Site |  |
| Number of Participants per Class/Group[Ex. 10-12] |  |
| Number of Students Expected to Participate by Grade |  |
| [Ex: Grade 6] |  |
| [Ex: Grade 7] |  |
| [Ex: Grade 8] |  |
| Dates/Times for Curriculum Implementation [Ex. Every Friday for 4 weeks (Oct. 7, 14, 21, 28). Groups will consist of 2 hr sessions after-school] |  |
| (Class)rooms to be used for implementation |  |
| Program Adaptation  [Ex. What changes have been made to the curriculum?] |  |

|  |  |
| --- | --- |
| **Anticipated Barriers/Challenges** | |
| Barriers/challenges related to… | **Plan to overcome barriers/challenges:** |
| Staff training: |  |
| Parent consent: |  |
| Recruiting/Retaining youth: |  |
| Implementation: |  |
| Other: |  |

[Please complete the implementation plan below for each teacher implementing your selected EBP. Feel free to add/change lesson numbers or include additional information as necessary for your school.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Implementation Plan for <Semester/Year>** | | | | |
| School:  Teacher:  Teacher’s Email:  Grade Level: | | | | |
| Lesson Number | Date | Time (s) | Class Period (s) | Notes |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |