



Action Plan: _____

SMART: Specific, Measurable, Accountable, Resources needed, Time-bound

Date TA Began: _____

Project ID Number: _____

Goal: _____

Date Due: _____

Date of Next TA Visit: _____

Strategies/Steps	What Will Be Done:	Who Will Do It:	Date Set:	Due:	Resources Needed:
				Complete:	
1.					
2.					
3.					
4.					
5.					

TA Follow-up ___ Call or ___ email

Date: _____

TA Follow-up ___ Call or ___ email

Date: _____

TA Follow-up ___ Call or ___ email

Date: _____

Teacher Signature: _____

Director Signature: _____

TA Specialist Signature: _____