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| **BEST/MTSS Summer Institute**  **Implementation Strategies Summary Sheet**  Please complete one form per team and drop off a copy at the registration table before the end of the day on Thursday |
| **School Team Name:**  **School Team Leader Name:** |
| 1. What key concept(s)/BIG idea(s) has your school team focused on during your team planning time at the Institute? |
| 1. What is the connection between your team’s planning efforts and the “Plan” that drives your school’s priority actions (School Effectiveness Plan, Strategic Plan, etc.)? |
| 1. What, specifically, do you intend to do as a result of your team’s planning time? |
| 1. How will you know if you have been successful? |