

VDP School Implementation Plan

School System: _____

Point of Contact: _____

Summary of Plan:

School Goals:

Timeline:

Professional Development Needs (with possible dates):

School	Grade	Team (important if multiple teams are implementing at one school)	Subjects	# Classes / Teacher	# Teachers (indicating level of experience in program)	Total # Students	Start Date	End Date	Pre Survey Date	Post Survey Date	Additional Comments:

