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| --- |
| **Teaching Practice Action Plan** |
| **Shared:** |
| **Current teaching practices that I am working on is:**    **(copy from Needs Assessment)** |
| **I will:**  **(description of teaching practice during implementation/what will it look like?)** |

**Tri-County Head Start/Early Head Start**

|  |  |  |
| --- | --- | --- |
| **Steps to achieve my goal…** | **Resources needed:** | **By when:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Coach Signature:** | **Coachee’s Signature:** | **Date:** |

|  |
| --- |
| **Date of Review: \_\_\_\_\_\_\_\_\_\_\_ Coach Initials: \_\_\_\_\_\_\_\_\_\_ Coachee’s Initials: \_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| I have achieved this goal by successfully completing the steps specified in the goal achievement step(s) above. | I am making progress towards my goal and will continue to implement and practice my action steps. | I need to make changes to my plan to help me achieve my goal by revising the goal/steps. |

**O** Approaches to Learning **O** Social Emotional **O** Language Communication **O** Cognition **O** Perceptual, Motor, and Physical Development

**O** CLASS **O** Curriculum Fidelity  **O** Conscious Discipline  **O** Al’s Pals