



ISAP PROGRAM SITE IMPLEMENTATION PLAN

Name of Program Site: _____

Address of Program Site: _____

Program Site Contact: _____ **Phone:** _____ **Email:** _____

Instructions for completing this form: This form is intended for completion by ISAP Regional Coordinators. Please complete an implementation plan for each class to receive programming at this site. The information to be completed below will allow you to easily enter and get your school/site implementation plans into the Online Participant Tracking System (OPTS). Each class name will need to have a significant class name using the following naming convention:

Year of first class session (in case it stretches Dec-Jan) – Month of first class session – Abbreviation of school name – Period or Block number – RC’s initials

Sample Period: **2017 – Dec – ABC HS – Mr. Smith – Period 2 –XX (RC’s initials)**

Sample Block: **2017 – Dec – ABC HS – Mr. Smith – Block 2 –XX (RC’s initials)**

Every class must have a unique name, even if it is the same educator is teaching the class.

Implementation Plan for Classrooms to Receive Programming		
Class #1	Class Size:	
Class Name:	Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>	Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:		
<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____		
Training		
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Class #2		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Class #3		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>

Class #4		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____ <input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ <input type="checkbox"/> Sunday_____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Class #5		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____ <input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ <input type="checkbox"/> Sunday_____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>

Class #6		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____ <input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ <input type="checkbox"/> Sunday_____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Class #7		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____ <input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ <input type="checkbox"/> Sunday_____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>

Class #8		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Class #9		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>

Class #10		Class Size:	
Class Name:		Educator Name:	
Program: <input type="checkbox"/> <i>Game Plan</i> <input type="checkbox"/> <i>Quest</i> <input type="checkbox"/> <i>Aspire</i> <input type="checkbox"/> <i>Navigator</i>		Date of First Session:	Date of Last Session:
Grade to be Served: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Expected Length of Each Session: (45 mins, 1-hour, 1.5 hours, etc.)	
Days of the Week and Exact Times Program Will be Delivered:			
<input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____			
<input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ <input type="checkbox"/> Sunday_____			
Training			
Has the classroom educator received A&M training in the chosen program <u>in-person</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Has the classroom educator received A&M training in the chosen program <u>online</u> in the last ten years?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
Is the classroom instructor currently planning to attend an in-person <u>or</u> online A&M training in the next 60 days?		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>