

Cultivating a _____ Classroom



Name: _____

Start Date: _____

Finish Date: _____

Who can help you with your plan, and when will you meet to discuss data and results?: _____

Rating Scale
 NA = Not Applicable
 0 = Not at all
 1 = Somewhat
 2 = Yes

Plan to monitor implementation fidelity: "Did I do what I planned to do?"

Practices and/or Success Criteria	Mon	Tue	Wed	Thu	Fri	Weekly Total
a.						
b.						
c.						
Daily Total						
Week 1 Reflection						

Practices and/or Success Criteria	Mon	Tue	Wed	Thu	Fri	Weekly Total
a.						
b.						
c.						
Daily Total						
Week 2 Reflection						