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| --- | --- | --- | --- |
| **Participant Site Name: ID#: Date:** Click or tap to enter a date. | | | |
| **Goal Statement:**  **Goal Focus Area:**   |  |  |  | | --- | --- | --- | | **Environment**  Choose an item. | **Interactions with Children**  Choose an item. | **Staff & Program Practices**  Choose an item. | | | | |
| **How will completing this goal improve children’s experiences?** | | | |
| **What strengths does the program/teachers have related to the focus that will support the accomplishment of the goal?** | | | |
| **What resources are needed to accomplish this goal? (This includes thinking around coach/consultant support, program leadership support, teacher time considerations, and/or use of improvement funding)** | | | |
| **What will be measured/evaluated throughout the implementation of the goal to determine progress? At what points in the below action plan will this occur?** | | | |
| **If/when barriers are encountered, what steps will the team take to determine what adjustments to the action plan might be needed to keep the overall focus of the goal on track?** | | | |
| **Action Plan** | | | |
| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 1.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 2.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 3.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |

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| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 4.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 5.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| **Action Steps – Sequential process to achieve goals** | **Primary Person Responsible** | **Anticipated Completion** | **Action Step Completion** |
| 6.  Key Support Needed:  Action Step Updates: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| **Quality Improvement Funds Use:** |  |  |  |
| **Summary Discussion:**  **Reflection**   * Highlights: * Impacts:   **Planning**   * Maintenance/ Sustainability: | | | |
| **Goal Support Team** | | | |
| QF Participant: | | | |
| QF Coach: | | | |
| CCHC: | | | |
| Smart Support: | | | |
| Inclusion Coach: | | | |
| Others Supporting Goal: | | | |

**Reflective Questions for Goal Progress:**

* What do you notice? What has changed?
* What is working well?
* What needs to be adjusted?
* How will you know when the action step or goal is complete?

**Reflective Questions for Summary Discussion:**

* What were some highlights or learning moments of the goal?
* What contributed to the achievement of the goal?
* What impact have the practices focused on in the goal had on the children, teachers, and families?
* If the goal was not achieved, what were the barriers?
* What shifts might need to occur to ensure similar barriers will not impact achieving future goals?
* Why is it important to your program to maintain these new practices?
* How will the new practices be sustained?
* How do the new practices support your vision for quality?