



Summer Institute **Region 9 Site Team Plan**

State CA
School Year 2012-2013
County/Region Orange/9
District _____
Site _____
Principal _____
Date _____
1st Draft Date _____

Place cursor in a gray field and enter information—field expands as you type.

School _____

Address _____

City _____

State CA

ZIP _____

AVID Coord. _____

Phone _____

E-mail _____

Principal _____

Phone _____

E-mail _____

Number of AVID Elective Sections _____

Support Needs

Our needs for immediate or ongoing support include _____

AVID Site Team Members Presently Preparing Site Plan

Name	Title/Subject Taught	Email
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Coordinator

Signature of Administrator/Designee

Signature of Regional Coordinator

AVID Region 9 Site Team Plan

Essential # ____ Indicator # ____ [For experienced sites, is this recommended from your previous years CSS? ☐ YES ☐ NO]

Current AVID CSS Level of Use ☐ Not AVID (Level 0) ☐ Meets Certification (Level 1) ☐ Routine Use (Level 2) ☐ Institutionalization (Level 3)

What CSS level would you like to achieve? ☐ Meets Certification (Level 1) ☐ Routine Use (Level 2) ☐ Institutionalization (Level 3)

Critical Question: How can the site team spread AVID strategies school wide?

Objective: AVID site team members will provide two professional development opportunities on AVID instructional methodologies to other staff and faculty by March 2013.

Action Items	Topics to Address (please answer all questions) 1. What expenditures are necessary for us to achieve the action? 2. What individuals/committees need to be involved? 3. What obstacles might exist we face?	Responsibilities Who will take responsibility to see that this Action Item is accomplished?	Timeline When will this Action Item be completed?	Assessment Using the AVID “ <i>Certification Evidence Document</i> ” as a guide, what documentable evidence will we provide to demonstrate our success on this objective?	Articulation 1. What is the relationship of the objective to our school and/or district plans and goals? 2. How does our objective support vertical alignment elementary – postsecondary?
A.	1. 2. 3.	A.	A.	<input type="checkbox"/>	1. 2.
B.	1. 2. 3.	B.	B.	<input type="checkbox"/>	
C.	1. 2. 3.	C.	C.	<input type="checkbox"/>	

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D.	1. 2. 3.	D.	D.	<input type="checkbox"/>	
E.	1. 2. 3.	E.	E.	<input type="checkbox"/>	

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B.	1. 2. 3.	A.	A.	<input type="checkbox"/>	1. 2.
B.	1. 2. 3.	B.	B.	<input type="checkbox"/>	
C.	1. 2. 3.	C.	C.	<input type="checkbox"/>	

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D.	1. 2. 3.	D.	D.	<input type="checkbox"/>	
E.	1. 2. 3.	E.	E.	<input type="checkbox"/>	

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Long Term Planning Resource

Goal	Action	Timeline	Assessment
YEAR 2 FOCUS AREA •			<input type="checkbox"/>
YEAR 2 FOCUS AREA •			<input type="checkbox"/>
YEAR 3 FOCUS AREA •			<input type="checkbox"/>
YEAR 3 FOCUS AREA •			<input type="checkbox"/>
YEAR 4 FOCUS AREA •			<input type="checkbox"/>
YEAR 4 FOCUS AREA •			<input type="checkbox"/>