



**Alabama State Department of Education
Special Education Services
Technical Assistance Action Plan Form**



LEA: _____ Required Completion Date: _____

Region: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa (select one) Coordinator's Name: _____

Proposed Technical Assistance Action Plan (This plan must accompany the Technical Assistance form.)

Identify the results/outcomes expected from this training.

What is your measurable end goal?

What are your next steps/activities/benchmarks needed to meet your end goal?

How will you ensure sustainability?

How will you evaluate your progress toward your end goal?

How often and by whom will this progress monitoring occur?

Signatures of Persons Approving Technical Assistance Action Plan

<u>Name</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For ALSDE/SES use only:

Proposed Technical Assistance Action Plan: ___Approved ___Revised ___New Plan Developed (**Attach new plan to this form)