CURRICULUM IMPLEMENTATION PLAN

Name of Curriculum: ____________________________________________

<table>
<thead>
<tr>
<th>Curriculum Implementation Plan (CIP) and Timeline</th>
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<tbody>
<tr>
<td><strong>Implementation Site Information</strong></td>
</tr>
<tr>
<td>Please complete an Implementation Plan for each site</td>
</tr>
<tr>
<td>Program Coordinator</td>
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<tr>
<td>Implementation Site</td>
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<tr>
<td>Site Address</td>
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**Recruitment/Consent Forms**
- Dates for mailing/obtaining parent consent forms
  - [Ex: 10/1/14 – 10/14/14]

**Parent Information Night(s)**
- Number of Parents Expected to Participate
- Location of Parent Presentation
- Dates/Times for Parent Lessons/Session
  - [Ex: 10/25/14 6pm-7pm]

**Curriculum Training Information (if training not needed, mark N/A)**
- Names & Titles of Facilitators to be Trained on the curriculum
- Location & Dates for Training Session(s)

**Curriculum Implementation**
- Dates/Times for Curriculum Implementation
  - [Ex: Every Friday for 4 weeks (Oct. 7, 14, 21, 28)]
- Number of Hours Needed to Complete Sessions inc. Pre & Post-Surveys
  - [Ex: 5 two-hr sessions, 2 hrs for pre/post surveys=12 hrs]
- Number of Times the Curriculum Will Be Implemented at Site for Fiscal Year
- Number of Participants Expected During Each Implementation
- Total Number of Expected Participants by Grade (add more rows if needed)
  - [Ex: Grade 6]
  - [Ex: Grade 7]
  - [Ex: Grade 8]
- Name(s) of Facilitator(s) Implementing Curriculum
- Program Adaptation (if no adaptations were made, mark N/A)
  - [What changes have been made to the curriculum?]

**20 hour Service Learning (SL) Implementation**
- Dates/Times of SL Opportunity
  - [Ex: Every Saturday for 4 weeks (Oct. 8,15,22, and 29) from 11am-4pm]
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| Name(s) of Facilitator(s) leading SL Activities: |

Revised 08/2018