Activity Check-in

District Name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Activity Name** | **Progress Scale Rating 1-6**  **1=not started**  **6= finished \*** | **What specific tasks remain?** | **What are the barriers for task completion?** | **What additional resources are needed?** | **What questions and/or recommendations would you offer the other MTSS teams regarding this activity?** |
| Complete the sections for how to address your building’s needs based on their stages of implementation (LearnPort On-line modules) |  |  |  |  |  |
| 1.) Confirm the selection of: a.building Leadership Team Members and  b. ”Go-To” People for coaching support  2.)Provide name to MTSS coordinator  3.) Confirm training dates with all identified people. |  |  |  |  |  |
| Schedule a 1.5 hour block of time with building staff to watch the “Ready, Set, Go!” on-line module. |  |  |  |  |  |

\*Be prepared to share finished product with large group