

School Name _____
Action Component _____
 Date _____

Component Manager _____

Priority Need	Measurable Goal

Benchmark	Measure	Date	Target	Actual Data
1				
2				
3				

Goal #/ Strategy #	NCLB/ SB168	Strategy/ Activity <i>Including evidence is optional</i>	Responsible Person	Start Date	End Date	Cost	Funding Source	*I, IP, NI	How did strategy impact progress toward goal?