

# CURRICULUM IMPLEMENTATION PLAN

Name of Curriculum: \_\_\_\_\_

Curriculum Implementation Plan (CIP) and Timeline	
Implementation Site Information <i>Please complete an Implementation Plan for each site</i>	
Program Coordinator	
Implementation Site	
Site Address	
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]	
[Insert additional rows below for additional grade levels]	
Name(s) of Facilitator(s) Implementing Curriculum	
Program Adaptation (if no adaptations were made, mark N/A) <i>(What changes have been made to the curriculum?)</i>	
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]	

# **CURRICULUM IMPLEMENTATION PLAN**

Name of Curriculum: \_\_\_\_\_

Name(s) of Facilitator(s) leading SL Activities:	
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