**Project Smart Team Action Plan**

**Due Dec 1st**

Please forward completed form to Team Leader

Teacher(s) School:

SUNY Oswego faculty member:

Teacher Participant Names:

Course Name & Academic Year:

(Available online at: [www.oswego.edu/prosmart](http://www.oswego.edu/prosmart) )

**Please answer the following questions:**

|  |
| --- |
| **Action**: Describe your CCLS project. Which CCLS standards will you target? |
| **Rationale:** Fully state your **rationale** for the project. Why is this work important? |
| **Responsibilities/Timeline**: Identify a series of **action steps** you will take to complete your project. Next to each step, identify person(s) **responsible** for carrying out that task. For each step also identify your **timeline** (during what month(s) you plan to complete each step). |
| **Evaluation:** What **data** will you collect that shows the impact of your project on student achievement of CCLS? How will you document student learning? Teacher learning? |
| **Resources:** What resources will you need for this project? What costs, if any, will be incurred? What are possible sources of funding for needed resources? |