

Handout G
 District Name:
 Address:
 City, State, Zip
 County:

Contact Person:
 Email Address:
 email:
 Date:

Planning Form* for Child Outcomes Process

Things to Consider	What We Plan To Do
<p>TIMELINE</p> <ul style="list-style-type: none"> • What do we need to do? When? 	
<p>TEAM</p> <ul style="list-style-type: none"> • Who will be on our team? • How will assessment information be gathered? • Who will contribute Child Outcome ratings? • Who will help participate in the consensus Child Outcome ratings? • Who will determine the Outcome Indicator? 	
<p>TEAM PROCESS</p> <ul style="list-style-type: none"> • Team ratings, or individual ratings with later discussion and consensus? • Who will lead the process and make sure it happens? 	

* Send completed plan with assessment matrix attached to: Pam Reising, Illinois State Board of Education, 100 N. 1st St., Springfield, IL 62777-0001. (revised plan due Sept. 1, 2006)