



Illinois Success Sequence Program

SITE IMPLEMENTATION PLAN



Success Sequence

Name of School / Site		
Contact Person	Phone	
Email		
Address	City	Zip

Complete an Implementation Plan for each different program and each different educator.

Implementation Plan for Classrooms To Receive Programming				
Program	<input type="checkbox"/> Game Plan	<input type="checkbox"/> Quest	<input type="checkbox"/> Aspire	<input type="checkbox"/> Navigator
Educator Name		Start Date	End Date	
For each period you teach the program, enter the number of students per class in the boxes below.			Length of class minutes	
Period 0	Period 1	Period 2	Period 3	Period 4
Period 5	Period 6	Period 7	Period 8	Period 9
Delivery Method	<input type="checkbox"/> Paper Workbook	<input type="checkbox"/> Online Learning Course	<input type="checkbox"/> Both	
Grade To Be Served	<input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
Days of the Week Program Will be Delivered				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

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