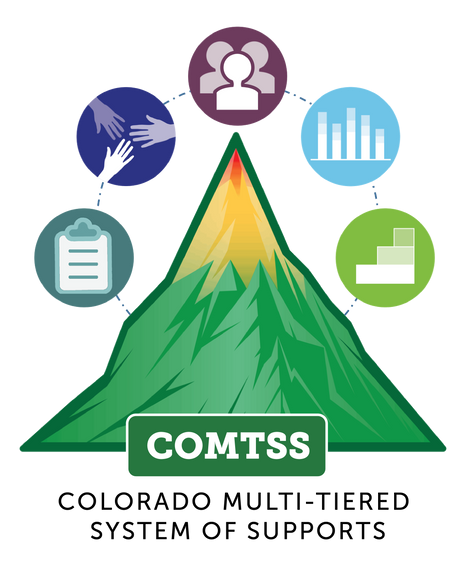
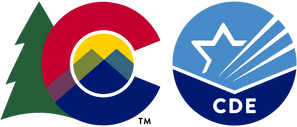
Action Planning Tool

**Colorado Multi-Tiered System of Supports**

Office of Learning Supports

April 2024, Version 1

**Team Members Present:**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Planning date** | **Precise Problem Statement** | **Root Cause/Contributing Factors** | **Goal (Outcome/Target)** | **Review Date(s)** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Fidelity data to be collected**  **(How will we know we implemented our plan as intended?)** |  |
| **Who will collect the data?** |  |
| **When will the data be collected?** |  |

|  |  |
| --- | --- |
| **Outcome data to be collected**  **(How will we know we implemented our plan as intended?)** |  |
| **Who will collect the data?** |  |
| **When will the data be collected?** |  |

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| --- | --- | --- | --- | --- |
| **Action Step** | **Person(s) Responsible** | **Resource(s) Needed** | **Target Date** | **Date Completed** |
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