

**BEST/VTmtss Summer Institute
Implementation Strategies Summary Sheet**

Please complete one form per team and drop off a copy at the registration table before the end of the day on Thursday

School Team Name:

School Team Leader Name:

1. What key concept(s)/BIG idea(s) has your school team focused on during your team planning time at the Institute?

2. What is the connection between your team's planning efforts and your Continuous Improvement Plan (CIP)?

3. What, specifically, do you intend to do as a result of your team's planning time?

4. How will you know if you have been successful?