# TIES Center logo Coaching Action Plan for Teams

Coach Name

*Type name in the space below*

Team School/Grade Level

*Type school/grade in the space below*

Focus HLPs

*Type focus HLPs in the space below*

Date of Initial Plan

*Type date in the space below*

## Description of classroom strengths and alignment with High Leverage Practices

*Type your answer in the space below:*

## Description of classroom needs and alignment with High Leverage Practices

*Type your answer in the space below:*

## What is our team goal(s)?

*Type your answer in the space below:*

## What are our individual goals in relation to the team goal?

### Special Education teacher goal:

*Type your answer in the space below:*

### General Education teacher goal:

*Type your answer in the space below:*

### Related Service Provider(s) goal:

*Type your answer in the space below:*