

transitionspot

targeted career planning & life coaching

IMPLEMENTATION PLAN

FOR TEACHERS

School District or Organization:

Site Name:

TransitionSpot Administrator:

Phone Number:

Email Address:

Program Administrator:

Phone Number:

Email Address:

Site Administrator:

Phone Number:

Email Address:

Weeks to Implement:

Implementation Plan?

School-Year

Semester

12-Week

Modified/Other

Targeted Components	START DATE	COMPLETION DATE	RESPONSIBLE PARTIES	LOCATION	SCHEDULED DAYS/TIMES
Student Registration					
Career Matching Quiz					
Career Planning Course					
Career Research Phase					
Career Plan Completion					
Next Step Completion					
Resume Completion					
Budget Completion					

FOR STUDENTS:

Targeted number of coaching interactions: ____ per ____.

Targeted hours of transition activities: ____ per ____.

FOR TEACHERS:

Please describe how you will implement the TransitionSpot program with your students. Include any class-time for transition activities, when you will coach your students, and any obstacles to you are concerned about.
