Action Plan for Improving I-Connect Resources

Completed by Date

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| --- | --- | --- | --- |
|  | **Task** | **Who** | **When** |
| **Team** | **a.** | **1.** |  |
| a.Admin support |  |  |
| b.SIT Team in place  c.Mentors Available | **b.** | **2.** |
| d.Regular meetings | **c.** |  |
|  | **d.** |  |
| **Technology** | **a.**  **b.**  **c.** | **1.** |  |
| **Infrastructure**  a.Schoolwide Wi-Fi | **2.** |
| b.Student Wi-Fi |  |
| c.Device IT Security |  |
| **Mentors** | **a.** | **1.** |  |
| Time for training Time weekly meeting | **b.** | **2.** |
| Feedback to mentors |  |  |
| Including Parents | **c.** |  |