Action Plan for Improving I-Connect Resources

Completed by_____   Date_____

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