Ci3T Meeting Schedule

Please list your scheduled **Ci3T Leadership Team** meetings and faculty and staff meetings.

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Month** | **Ci3T Leadership Team Meetings** | **Faculty and Staff Meetings\*** |
| **Date** | **Time** | **Date** | **Time** |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |

\*We suggest sharing data (e.g., treatment integrity, social validity, and screening results) and Ci3T updates at your regularly scheduled faculty and staff meetings. Faculty and staff value receiving these informational updates and appreciate feeling included in Ci3T implementation efforts.