



**ASD Program Assessment and Action Plan  
TEAM PRIORITIES**

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Component	List all '1' Priorities	Goal and Activities to meet Goal	Timeline
I. Provide Appropriate Identification and Assessment			
II. Provide Appropriate Qualified Staff			
III. Provide Appropriate Family and Community Training & Supports			
IV. Provide Appropriate Development of IFSP/IEP/Transition Plans			
V. Provide Appropriate Systematic Program Development and Implementation			