



**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			