INSERT YOUR ORG NAME/LOGO HERE

Implementation Planning Worksheet

WISE Project

(Optional – Name of School District Here)

Training Dates:

School Name:

People Who Will Be Teaching Sex Ed at this School Are:

1)

2)

3)

We plan to start teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ curriculum on \_\_\_\_\_\_\_ date.

We plan to finish teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ curriculum on \_\_\_\_\_\_\_ date.

The primary contact at this school for questions regarding implementation is:

Name: Phone:

Email:

|  |  |  |
| --- | --- | --- |
| IMPLEMENTATION DATE | LESSON | SPECIAL NOTES OR MATERIALS |
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Outstanding Questions Regarding Sex Ed