**Time Bound Implementation Plan**

**School:** Date:

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| --- |
| **Focus (why?)**  |
|  |
| **What needs to change?** |
|  |
| **Intervention criteria? (what?)**  | **Implementation activities (how?)**  | **Final outcomes (and so?)**  |
| What activities and behaviours will you see when it is working?  |   | How will pupils, teachers and the school benefit?  |
|  |  |   |
|  |  |   |
|  **Milestones (how well?)** How will you know that it is working?  |
|  End of the first week   |  End of the third week  | End of Half Term  |  End of the eighth week  | End of the plan / term  |
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