**Child Outcome Summary Team Collaboration (COS-TC) Quality Practices Checklist- Improvement Plan**

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| **Agency Name** |  | **Team Identifier** |  | **Date Completed** |  |

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| **Area of improvement** | **Description of Activity (action plan)**  What will occur to reach the goal? | **Timeline (start and end date)**  What is the timeline for implementation of the activity? | **Resources**  What resources are available or needed to support learning? | **Progress/Status**  Track progress and completion. |
| *Example: Our team would like to do a better job explaining to families why outcomes data are collected and how they are used.* | *During next team meeting, Jae will lead role play activity for everyone to practice having the conversation with families during intake visit.* | *April, 2018* | *COS brochure, Maryland family worksheet* |  |
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| 2. |  |  |  |  |