



# Strengthening Our Practice Building Asthma-Friendly Schools

June 29th-July 1st, 2010 • Chicago, IL

## Action Planning Guide

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Name



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**NPD** 

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# Team Planning - Laying the Foundation

Team planning during this event is intended to assist participant teams in identifying concrete strategies to refine and enhance your current work. Teams are encouraged to work to further programmatic activities in your workplan that support the established strategic plan and improve the quality of asthma management services for the students and families in your district.

## Team Planning Part I: Individual Reflection

- Attendance at this event will benefit my job by...

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- Two personal outcomes I have for this event...

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- One thing I can contribute to my team is...

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- One area our team needs assistance is...

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- As a team, we will be successful if ...

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## Team Reflection

- Outcomes my fellow team members have for this event...

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- My team members are willing to contribute...

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- Our team will be successful if...

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- What resources or supports are needed to help your team be successful?

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# Bump It Up!

## Highlighting Successful Program Strategies - Bump It Up!

Use this space to highlight successful strategies of other partners along with ideas for addressing barriers and ideas to “bump it up!”

Team Name: \_\_\_\_\_

Program Success:

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Program Challenge:

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Ideas to Bump It Up!

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Strategies I can use at my home site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Team Name: \_\_\_\_\_

Program Success:

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Program Challenge:

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Ideas to Bump It Up!

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Strategies I can use at my home site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Bump It Up!

Team Name: \_\_\_\_\_

Program Success:

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Program Challenge:

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Ideas to Bump It Up!

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Strategies I can use at my home site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Program Success:**

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**Program Challenge:**

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**Ideas to Bump It Up!**

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**Strategies I can use at my home site:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_











## After Action Review

As a result of your participation in Day 1, please identify the following:

### Three things I learned:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### Two things I have questions about:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

### One thing I am going to change once I return home:

1. \_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Skill Building Session

As a result of attending this session, something I am going to:

**Start to do...**

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**Stop doing...**

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**Continue to do...**

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**Building materials and supports I need to be successful:**

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## After Action Review

As a result of your participation in Day 2, please identify the following:

Two new ideas/strategies I want others to share with others:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A new resource I want to explore further:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One thing I still need more clarification on:

1. \_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Reinforcing Your Walls

Participants will utilize responses from the After Action Review to share new learning from the skill-building sessions on Day 2

## Breakout One

We're In This Together - Engaging Parents and Families of Students With Asthma

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## Breakout Two

Programs and Policy: Linking Asthma Outcomes to Policy and Building Support

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## Breakout Three

Building Support and Capacity at the State and Local Level to Advance Asthma Management and Prevention

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# Team Planning II-Building Your Action Plan

Each team is asked to create an action plan that identifies short, mid, and long term benchmarks. Please refer to your workplan and strategic plan for this session.

## Short Term - ACTION 1: ( less than 1 month )

What:

Who:

When:

Supports:

Barriers:

Resources Needed:

# Your Action Plan: Short Term

## Short Term - ACTION 2: ( less than 1 month )

|                          |  |
|--------------------------|--|
| <b>What:</b>             |  |
| <b>Who:</b>              |  |
| <b>When:</b>             |  |
| <b>Supports:</b>         |  |
| <b>Barriers:</b>         |  |
| <b>Resources Needed:</b> |  |



# Your Action Plan: Mid Term

## Mid Term - ACTION 1: ( 1-6 months )

What:

Who:

When:

Supports:

Barriers:

Resources Needed:

**Mid Term - ACTION 2:**  
( 1-6 months )

|                          |  |
|--------------------------|--|
| <b>What:</b>             |  |
| <b>Who:</b>              |  |
| <b>When:</b>             |  |
| <b>Supports:</b>         |  |
| <b>Barriers:</b>         |  |
| <b>Resources Needed:</b> |  |



# Your Action Plan: Long Term

## Long Term - ACTION 1: ( greater than 6 months )

What:

Who:

When:

Supports:

Barriers:

Resources Needed:

**Long Term - ACTION 2:**  
( greater than 6 months )

|                          |  |
|--------------------------|--|
| <b>What:</b>             |  |
| <b>Who:</b>              |  |
| <b>When:</b>             |  |
| <b>Supports:</b>         |  |
| <b>Barriers:</b>         |  |
| <b>Resources Needed:</b> |  |



# Connections

## Fellow Builder Connections:

Colleagues I have met and want to connect with beyond this event.

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_









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Building Asthma-Friendly Schools**

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San Francisco Unified School District

**San Francisco Unified School District**  
***Student Support Services Department***

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BETTER STUDENTS**

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