## **School Action Plan Quarterly Report**

School Name:	Date:
Facilitator (if applicable):	

Action:						
	Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Completed: Y / N						
Notes on progress/completion						
Notes of changes						
Funding Used						
Additional						
Comments						
Data Tracking (if applicable)						



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	Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Completed: Y / N						
Notes on						
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