[School Name] Ci3T Meeting Schedule

[enter year]

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Data****(Review / Plan / Collect)** | **Ci3T Leadership Team Meetings** | **Faculty and Staff Meetings** |
| **Date** | **Time** | **Date** | **Time** |
| July |  |  |  |  |  |
| Aug. |  |  |  |  |  |
| Sept. |  |  |  |  |  |
| Oct. |  |  |  |  |  |
| Nov. |  |  |  |  |  |
| Dec. |  |  |  |  |  |
| Jan. |  |  |  |  |  |
| Feb. |  |  |  |  |  |
| Mar. |  |  |  |  |  |
| Apr. |  |  |  |  |  |
| May |  |  |  |  |  |
| June |  |  |  |  |  |

\*Consider sharing data (e.g., treatment integrity, social validity, and screening results) and Ci3T updates at faculty and staff meetings. Faculty and staff value receiving these informational updates and appreciate feeling included in Ci3T implementation efforts.