325T SPECIAL EDUCATION TRAINING IMPROVEMENT GRANTS REVIEW TELECONFERENCE

[PROJECT NAME]

Date
Time

AGENDA

Dial-in Number: 1-888-742-8686; Conference ID: XXXXXXX

10:00-10:05 AM  Introductions, General Purpose/Overview:
                     ➢ Name of, OSEP Project Officer
                     ➢ Name of, Reviewer
                     ➢ Name of, Reviewer

* 10:05-10:35 AM  Presentation, Name of, Project Director
  1. Existing Program (prior to redesign)
     a. Highlight strengths
     b. Define areas in need of redesign
  2. Project Activities under the Five Domains
  3. Implementation Challenges
  4. Future Plans

10:35-11:30 AM  Questions from Reviewers to Project Director

11:30 AM  Project Director/staff sign off call

11:30 AM-12:00 PM  Discussion: Reviewers discuss the project by five domains and provide recommendations

12:00 PM  Adjournment

* You may choose to address questions after each domain.