

Turnaround Option Plan – Phase 2

[District] County Public Schools

**[School Name and Number]**

**[Selected Option]**

**Part I: Needs Assessment**

**Item 1**: Description of the needs assessment methodology and summary of the results.

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**Item 2**: Rationale for the turnaround option(s) selected.

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**Part II: Implementation Plan**

**A. Areas of Assurance**

**Item 3**: Description of how the district will address the Areas of Assurance required by the selected turnaround option(s), as acknowledged in Phase 1.

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| **District Capacity and Support**  [Begin text here.]  **School Capacity**  ***Administrators***  [Begin text here.]  ***Educators***  [Begin text here.] |

**B. Areas of Focus**

**Item 4**: Area(s) of Focus selected by the district based upon the school’s needs assessment.

1. Assessments  4. School Leadership

2. Instructional Programs  5. Increased Learning Time

3. Differentiated Instruction

**Item 5**: Summary of the strategies the district will implement to reduce or eliminate internal systemic barriers and address the needs of the school, including a description of how the district will address the selected Area(s) of Focus.

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