

School Action Project Plan

School:	District:	
Action Project Name:		
Action Project Description:		
Action Project Team		
Teacher Name	Grade/Subject	Number of Students

Action Project Goal and Objectives

Please tell us why you and the students chose this project and what you hope to achieve for the students, school and community. Please be specific as to the knowledge, habits of mind, and skills the student will acquire:



Cross-curricular Connections

Please share how this project will be woven into various subject areas:

Resources

What other resources will you access to accomplish your goals? E.g., partnering with community-based organizations, accessing PAC or other funding & support, etc.

Leap into Action

Please include a brief outline of the steps you will take to plan, implement, complete, assess, share, and celebrate your project.



Budget

(Please itemize expenses and provide total cost to complete your action project. Funding is available for project materials, facilitator support, teacher release time and/or transportation; please submit this plan, along with the Leap into Action Project Grant Request to access the funding:

Additional notes

Other information about your project you would like to share: