

Readiness Process Checklist

District: _____

Primary District Contact

Name: _____

Email/Contact: _____

Please complete this form as a way of organizing your CBT readiness work.

<input type="checkbox"/>	Complete the Readiness Responsibility Worksheet	
<input type="checkbox"/>	Schedule a Technical Assistance Appointment with with your Internet service provider.	
<input type="checkbox"/>	Inform Those Individuals Identified on the Readiness Responsibility Worksheet of the Date of the Technical Assistance Appointment, and Secure their Participation/Representation	
<input type="checkbox"/>	Work With District Staff to Acquire/Gather Data	See the Readiness Responsibility Worksheet to determine data categories required as well as who should be responsible for gathering the data.
<input type="checkbox"/>	District Staff Meet to Discuss Readiness and to Identify Key Issues and Concerns in Advance of the initial meeting with your technical service provider.	

What are your basic concerns related to CBT readiness? These are concerns that you want to be sure to have addressed through the readiness process.