



OFFICE OF SCHOOL INNOVATION  
 School Turnaround Office  
 Room 481 EBA  
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**SCHOOL INNOVATION FUND (SIF) GRANT - ROUND 2**  
**SITE VISIT AGENDA: Location: [TBD]**  
**Time: [Allow for 3-5 hours.]**

**School District:** \_\_\_\_\_  
**Project Period:** \_\_\_\_\_

**School:** \_\_\_\_\_  
**Site Visit Date:** \_\_\_\_\_

**NYSED Goals:**

1. To gauge grantee readiness for project implementation (*Preparation Period*) **OR**  
 To provide grantee support and assistance during implementation (*Implementation Period*)
2. To provide grantee support and assistance in preparation (*Preparation Period*) **OR**  
 To determine the current level of project implementation, as well as gauge its effectiveness (*Implementation Period*)

**Note: See Site Visit Protocol for description of activities below.**

<b>What</b>	<b>SED STO Rep(s)</b>	<b>District/School Rep(s) Partner Rep(s)</b>	<b>Time</b>
(Prep and Imp Periods) <b>SED and District/School Leadership</b>	District Liaison: Other:	<b>District/School:</b>	
(Imp Period) <b>Teacher Focus Group</b>	District Liaison: Other:	<b>Teachers:</b>	
(Prep and Imp Periods) <b>Partner Focus Group</b>	District Liaison: Other:	<b>Partners:</b>	
(Imp Period) <b>Classroom Observations</b>	District Liaison: Other:	<b>Classrooms:</b>	
(Prep and Imp Periods) <b>STO Site Visit Team Discussion</b>	District Liaison: Other:	NA	20 minutes
(Prep and Imp Periods) <b>Closing Discussion</b>	District Liaison: Other:	<b>District/School:</b>	20 minutes