

Name: _____ School: _____

Congratulations for being part of the Alabama Department of Education LETRS for Administrators Implementation! The guided model combines the LETRS Administrators online learning platform, the print manual, and live-online unit professional learning sessions for a comprehensive, multimodal professional learning experience. Linked you will find [LETRS for Administrators Outcomes and Estimated Time to Complete](#) resource to better understand the learning ahead. Please use the following chart to capture important milestones and keep you on task while on your journey.

Asynchronous Prep Work for Live Virtual Class (Manual reading and Online Learning Platform sessions)				
Day 1 Unit 1 Sessions 1-4	Day 2 Unit 2 Sessions 1-4 Unit 4 Sessions 1-2	Day 3 Unit 3 Sessions 1-4 Unit 4 Sessions 3-4	Day 4 Unit 5 Sessions 1-4	*Use the time between live virtual sessions to evaluate current literacy planning and implement any changes.
Completion of Day 1 Part 1 & 2 Live Virtual Class Session	Completion of Day 2 Part 1 & 2 Live Virtual Class Session	Completion of Day 3 Part 1 & 2 Live Virtual Class Session	Completion of Day 4 Part 1 & 2 Live Virtual Class Session	Online Learning Platform Completion
<input type="checkbox"/> Day 1, Part 1	<input type="checkbox"/> Day 2, Part 1	<input type="checkbox"/> Day 3, Part 1	<input type="checkbox"/> Day 4, Part 1	<input type="checkbox"/> Unit 1 Date Completed: _____ <input type="checkbox"/> Unit 2 Date Completed: _____ <input type="checkbox"/> Unit 3 Date Completed: _____ <input type="checkbox"/> Unit 4 Sessions 1-2 Date Completed: _____ <input type="checkbox"/> Unit 4 Sessions 3-4 Date Completed: _____ <input type="checkbox"/> Unit 5 Date Completed: _____
Date Attended: _____	Date Attended: _____	Date Attended: _____	Date Attended: _____	
<input type="checkbox"/> Day 1, Part 2	<input type="checkbox"/> Day 2, Part 2	<input type="checkbox"/> Day 3, Part 2	<input type="checkbox"/> Day 4, Part 2	
Date Attended: _____	Date Attended: _____	Date Attended: _____	Date Attended: _____	
OR	OR	OR	OR	
<input type="checkbox"/> Day 1, (Part 1 & 2) combined	<input type="checkbox"/> Day 2, (Part 1 & 2) combined	<input type="checkbox"/> Day 3, (Part 1 & 2) combined	<input type="checkbox"/> Day 4, (Part 1 & 2) combined	
Date Attended: _____	Date Attended: _____	Date Attended: _____	Date Attended: _____	