

LEA/IHE Accessibility Plan: Implementation chart for planned activities

State name _____ State lead contact _____

LEA name _____ LEA lead contact _____

IHE name _____ IHE lead contact _____

(expand this header as needed)

Activities to be implemented	Resources/Funding needed	IHE resources/funding available	LEA resources/funding available	Person responsible for activity/step implementation	Timeline for activity completion
Activity 1:					
Step 1:					
Step 2:					
Step 3:					
Activity 2:					
Step 1:					
Step 2:					
Step 3:					
Activity 3:					
Step 1:					
Step 2:					
Step 3:					
Activity 4:					
Step 1:					
Step 2:					
Step 3:					

Expand the chart as needed.