



**Organization/
Leadership**

Team Membership. Members are active participants in the CCoT meetings and/or activities. The CCoT should include a good mix of community and agency members. **Suggested members** –Anyone can be a member of a CCoT! Here are members to consider: School District/CESA Staff, DVR Counselor, ADRC Staff, Adult Long-Term Care Organization, Institutions of Higher Education, Youth/Parents/Family Members/Guardians, Business Members and any other transition partners that provide services to individuals with disabilities.

- Our CCoT has a good mix of members.**

Yes/No: _____

Suggestions for additional members: _____

- There is consistent leadership, e.g. someone/some persons take responsibility to send out meeting agenda, meeting minutes.**

Who: _____

- Meetings occur consistently, e.g. monthly, quarterly, semi-annually.**

When: _____

- Meetings occur in a determined location, e.g. consistent location, rotating location.**

Where: _____

- There is a meaningful agenda with relevant topics, and the previous agenda is reviewed.**

Yes/No: _____

Suggestions to improve agenda:

- All members are involved and participate.**

Suggestions to improve participation:

CCoT Data

Data: Improved outcomes are the goals of effective CCoTs. Reviewing County PSO and other agency data can be used many ways.

- We have reviewed and evaluated our CCoT data.**
Yes/No: _____

- What are the areas of strength for the county compared to the state?**
Areas of strength: _____

- What are the areas of need for the county compared to the state?**
Areas of need: _____

- What areas could be positively impacted through the development and implementation of a CCoT Action Plan?**
Areas positively impacted: _____

- What additional data is available to be reviewed e.g. other agency data or reports, district PSO data, etc.**
Additional data: _____

- Does your CCoT plan to review PSO data annually and note changes that may have been positively influenced by CCoT activities?**
Yes/No: _____

Mission and Vision

Mission is written so CCoT members never lose sight of their greater purpose for existing in the first place, and can be “power-packed drivers” of the work, or mantras for the desired level of performance. It should be short and state what business you’re in and who your customer is.

Example of a Mission Statement: *The CCoT will support coordinated efforts by all members and provide quality transition services to promote positive post school outcomes for students with disabilities.*

We have had discussions on the Mission Statement.

Yes/No: _____

We have a CCoT Mission Statement.

Yes/No: _____

Mission Statement:	
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Vision focuses on future outcomes of the CCoT; states why the CCoT is meeting; what is the purpose of the coming together as a group.

Example of a Vision Statement: *To ensure all youth successfully exit high school and participate in activities of adult living based on their postsecondary goals related to training or education, employment and independent living.*

We have had discussions on our Vision Statement.

Yes/No: _____

We have a CCoT Vision Statement.

Yes/No: _____

Vision Statement:	
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There is a “buy-in” to the mission and vision by members.

Yes/No: _____

Action Plan

The Action Plan is made up of Goals and Activities are often a function of a CCoT. Once membership has been established, the team has had time to develop mission and vision statements, and the team has reviewed relevant data, the CCoT can explore ways to deepen the impact of this collaborative partnership. CCoTs should set attainable goals, especially in the beginning, to create momentum and a sense of accomplishment. The Action Plan documents what will be accomplished, who will do what, when it will be done, and how the outcomes will be measured.

Goals and Activities

CCoT goals and activities should reflect the needs of partner agencies and of youth and families. Choose strategies that reflect the priorities of the service providers and the availability of resources. The team should work together to list all responses to this question, then determine the top priorities of the CCoT over the next one or two years.

Our CCoT has developed Goals and Activities for our “Action Plan”.

Yes/No: _____

Future Plans: _____

Suggested CCoT Team Activities to Guide Goal Development

To help identify common and relevant goals, CCoT members may want to participate in the following two activities.

Review the TIG Guide for CCoTs at

http://witig.org/wstidata/resources/CCoT_Guide_03_2014b.pdf

“Community Resource Mapping” is a *system-building process* that provides the BIG PICTURE and a strategic direction. Mapping is a methodology used to link community resources with an agreed upon vision, organizational goals, strategies, or expected outcomes.

Our CCoT has engaged in “Community Resource Mapping”.

Yes/No: _____

Future Plans: _____

“Community Conversations” help CCoT members connect with each other to identify topics that would be beneficial to tackle for your students/clients, school, and community.

Our CCoT has engaged in a “Community Conversation”.

Yes/No: _____

Future Plans: _____



ACTION PLAN

Sample Goal 1: View and use post school outcomes data (Indicator 14) to begin creating a county transition improvement plan to improve transition outcomes for students with disabilities.

Sample Activity 1:

- We will review post high school outcomes data for our county.
- After viewing the data, we will create a transition plan for our county to improve the outcomes of students with disabilities in our communities.

Sample Goal 2: It is the goal of the “Best County” CCoT to host one Agency Awareness Night and invite students, families, caregivers and other interested persons to attend

Sample Activity 1:

- The CCoT will invite a member of County Adult Service Providers, along with representatives from ADRC, DVR, Social Security Administration, etc... to participate.
 - We will select site, collect door prizes, create advertising and public invitations to the event
 - We will provide food for attendees through donations from county-based businesses and individuals.

_____ CCoT ACTION PLAN		From:	To:
Goal 1:			
Activity	Person(s)/Agency Responsible	Anticipated Completion Date	
Activity 1:			
Activity 2:			
Activity 3:			
Goal 2:			
Activity	Person(s)/Agency Responsible	Anticipated Completion Date	
Activity 1:			
Activity 2:			
Activity 3:			