## **APPENDIX G**

## School-Wide English Learning (SWEL) Action Plan

Name:
School email address:
School:
District (if applicable):
Needs Analysis  Explain: 1) A description of the English learner language backgrounds, language levels, and types of English learners (highly literate newcomers, long-term English learners, students with limited or interrupted formal education); 2) the unique needs of your English learner populations; and 3) the challenges that your general education teacher colleagues encounter.
Goal Setting State SMART (specifi , measurable, achievable, relevant, time-bound) goals. What would you like to see happen or change in general education teacher practices over the academic year?
SWEL Implementation Steps What do you need to get started? How will you recruit participants? What professional development topics will you cover, and when will you deliver them? How many classroom visits will you make, and when will you do them? When and how will coaching conversations happen?
Supports Identify who you anticipate will be in support of SWEL at your school. How might you capitalize on their support? In addition, identify any systems, policies, or norms that will support SWEL implementation at your school over the next year.

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Identify any concerns or obstacles that you anticipate might present themselves over the coming year. How might you overcome and/or work around them?
Resources Consider professional development content and coaching tools presented in the book, Teacher Leadership for School-Wide English Learning. What resources do you have to support SWEL implementation at your school? What resources do you still need?
<b>To-Do Timeline</b> What do you need to do to launch SWEL in your school? Include items like recruitment, administrator approval of your action plan, preparing for professional development, allocating space for professional development, and scheduling classroom visits and coaching conversations. Identify tentative dates when you will carry out each of the items on your to-do list.
Administrator Approval
Signature: Date: