

PARTICIPATORY STRATEGIC PLAN FINAL REPORT



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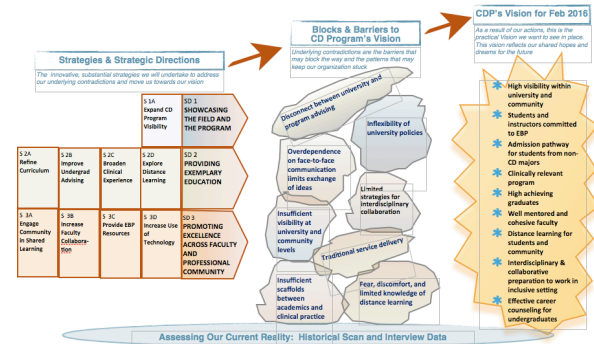
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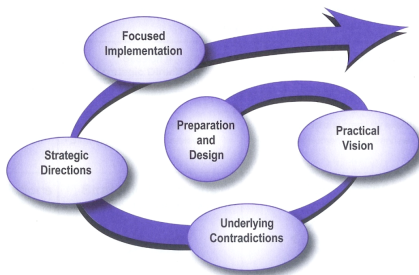
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TECHNOLOGY OF PARTICIPATION® | Participatory Strategic Plan

What You've Accomplished

CD Program Strategic Planning Focus Question

In the next 3 years, how can the SFSU Communicative Disorders Program anticipate and respond to the needs of our undergraduate and graduate students, faculty members, and our many communities -- fostering their success and being a cohesive, high quality program?

Following a historical scan & brainstorm of trends likely to affect the CD Program, the facilitator drew upon components of traditional planning approaches (long-term, project and operational planning) deployed through a highly participatory process to help the CD Program's director, faculty, and key stakeholders develop a shared vision and understanding of the CD Program's future. At the starting point (and guiding all of the strategic planning) was the question

From there, the work moved progressively from questions around the vision of the future, barriers in the way, and strategic directions that will deal with the identified barriers to move you toward your vision.

After prioritizing your strategies for the first year, we wrapped up the strategic planning process by identifying first year accomplishments for each strategic direction. We divided into work teams that committed to carry out measurable accomplishments and associated actions that will lay the path toward the realization of the CD Program's vision. The resulting plan separates all the wonderful things the program *could do* from what it is *committing to do* in the next year.

The Process and the Definitions We Used

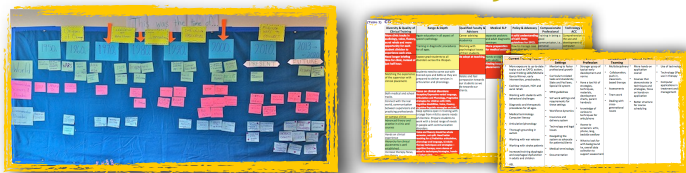
Phase 1: Preparation & Design

completed in Design Team meeting - August

A six-member Design Team explored the CD Program's aspirations for strategic planning, from which the team defined the focus question that the planning would address. The Program Director (in consultation with the Design Team) defined the parameters for this strategic planning, prepared membership data, and identified key stakeholders to include in the meetings.

Phase 2: Our Current Reality

completed in CD Program's 10/8/12 and 11/19/12 meetings



In an Historical Scan workshop the CD Program director, faculty, and internal/external stakeholders identified significant "epochs" in the CD Program's history and anticipated trends that could support or impede the CD Programs's work in the next 3 years. Key stakeholders in the field of Communicative Disorders were then interviewed. This feedback was then summarized into data reports, which were reviewed.

Phase 3: Practical Vision

completed in CD Program's 11/19/12 meeting

Workshop question: "What are the **accomplishments we want to see in place in the next three years as a result of our actions?"**

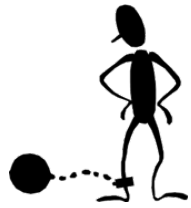
The practical vision workshop focuses on discovering the shared vision of the organization's members. It brings together key stakeholders and their ideas to create their shared picture of the future. The Practical Vision is a statement of our shared hopes and dreams for the future. It provides fuel for the work ahead by giving everyone a sense of the destination -- what the accomplishments, outcomes, changes, and results we are seeking by our efforts.



Phase 4: Underlying Contradictions

completed in CD Program's 11/19/12 meeting

Workshop question: "What are the **blocks** that prevent us from moving toward our vision?"



It is easy to overlook actions, beliefs, patterns that stand in the way of our vision. Once a clear Vision is articulated, it is time to step back and take a steely eyed gaze into the barriers that may block the way and the patterns that keep the group stuck. At times these qualities may have been a strength for the organization, yet they also can represent a challenge for the future. As the group considers the range of its issues together, root causes can be uncovered. You can see them and recognize them. Surfacing these barriers (and identifying them for what they are) takes away their power, opening a window to the future.

Phase 5: Strategic Directions

completed in CD Program's 12/20/12 meeting

Workshop question: "What **innovative, substantial actions** will address our underlying contradictions and move us towards our vision?"



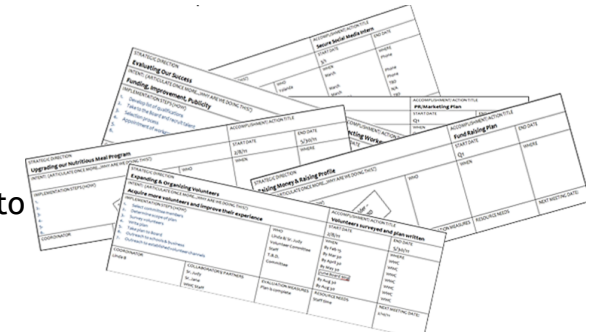
The Strategic Directions workshop focuses on creative, practical actions that would deal with the identified blocks and barriers, as well as move the CD Program towards its practical vision. This allows the organization to plan strategically. Rather than designing activities around a vision that is not yet reality, the CD Program begins where it is -- embracing its real situation. By focusing on the underlying challenges and its practical vision, the organization has a chance to realize its vision.

Phase 6: Beginning to Plan for Focused Implementation

completed in CD Program's 12/20/12 meeting

Workshop question: "What will be our **specific, measurable accomplishments** for the first year?"

Focused implementation is all about identifying and committing to actions and accomplishments that are concrete. These actions and accomplishments are clear. Their completion can be measured. The people who will do this work committed to unique work teams in which they'll get these accomplishments done.



CD Program's Next Steps: Completing the Focused Implementation Plan

to be completed by CD Program Work Teams & Coordinators by 2/15



The purpose of the three remaining Focused Implementation Planning exercises is to separate what the group will commit to doing from all the wonderful things it might do. Focusing attention and resources is difficult but, without focus, progress to the vision will not be made. The CD Program was provided with an overview, instructions, and tools to complete the three remaining Focused Implementation exercises (Timeline of Accomplishments, 90-Day Implementation Steps, Calendar of 90-Day Accomplishments)



In February -- CD Program begins Focused Implementation of the Plan !!!

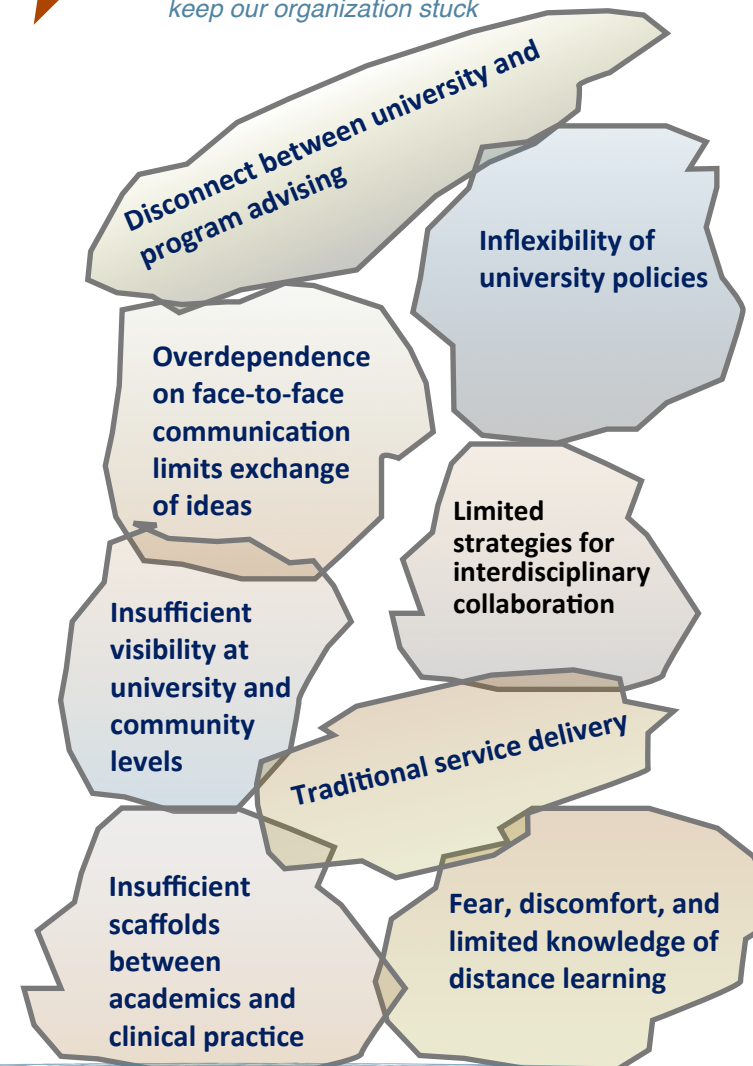
Strategies & Strategic Directions

The innovative, substantial strategies we will undertake to address our underlying contradictions and move us towards our vision

				S 1A Expand CD Program Visibility	SD 1 SHOWCASING THE FIELD AND THE PROGRAM
S 2A Refine Curriculum	S 2B Improve Undergrad Advising	S 2C Broaden Clinical Experience	S 2D Explore Distance Learning		SD 2 PROVIDING EXEMPLARY EDUCATION
S 3A Engage Community in Shared Learning	S 3B Increase Faculty Collaboration	S 3C Provide EBP Resources	S 3D Increase Use of Technology		SD 3 PROMOTING EXCELLENCE ACROSS FACULTY AND PROFESSIONAL COMMUNITY

Blocks & Barriers to CD Program's Vision

Underlying contradictions are the barriers that may block the way and the patterns that may keep our organization stuck



CDP's Vision for Feb 2016

As a result of our actions, this is the practical Vision we want to see in place. This vision reflects our shared hopes and dreams for the future

- * High visibility within university and community
- * Students and instructors committed to EBP
- * Admission pathway for students from non-CD majors
- * Clinically relevant program
- * High achieving graduates
- * Well mentored and cohesive faculty
- * Distance learning for students and community
- * Interdisciplinary & collaborative preparation to work in inclusive setting
- * Effective career counseling for undergraduates

Assessing Our Current Reality: Historical Scan and Interview Data

The SFSU Communicative Disorders Program



Our Vision

The SFSU Communicative Disorders Program will meet the challenges of the present and future through dynamic response to the need for qualified professionals in Communication Sciences and Disorders. Through a commitment to addressing the needs of the workplace and professional excellence, SFSU CD faculty will provide mentorship for future professionals to gain experience with wide range and diversity of individuals with communicative disorders; to understand their perspectives; and to integrate research with clinical practice in support of people with communication disorders across the life span.

Our Mission

The mission of the Communicative Disorders Program (CD) at San Francisco State University (SFSU) is to prepare professionals to provide competent and compassionate service to people with communication disorders, across the lifespan. The SFSU CD Program is based on the following core values: collaboration; compassion; resilience; inquiry and investigation; life-long learning; professionalism; multiculturalism; leadership; mentorship; advocacy; and internationalism.

Who We Serve

The focus of the CD Program is to serve both students and the community. Students are served in graduate and undergraduate programs that include the master's and bachelor's degrees. The public is served by the CD Clinic located on campus, serving children and adults with communicative disorders. Further, students complete internships in schools and hospitals throughout the SF Bay Area and beyond with the support of mentors in the field in Speech-Language Pathology.

More about the SFSU Communicative Disorders Program

How We Operate

The CD Program operates as one of seven programs within the Department of Special Education, located in the Graduate College of Education at San Francisco State University. The CD Program offers a master's degree in Speech-Language Pathology at the graduate level and an undergraduate bachelor's degree to prepare students for graduate work in Speech-Language Pathology, Audiology and other related fields. The 5 tenure track faculty members who each share in administrative duties conduct management of the CD Program. The lead Program Coordinator is Nancy Robinson, the Clinic Director is Patti Solomon-Rice, the School Internship Coordinator is Laura Epstein, the Master's Thesis Coordinator and Webmaster is Betty Yu, and Adult Internship Coordinator role is shared by Minnie Graham, Nancy Robinson and Maya Henry. Mallorie Desimone is the CD Clinic Office Manager and Emily Sanchez, student assistant, assists her. The decision-making is team based, led by Dr. Robinson as Program Coordinator who works within guidelines determined by the Department Chairperson in Special Education.

Budgeting

The budget each year is determined at the college, department and ultimately at the university level. The CD Program operates within the funding assigned by the Department of Special Education.

Staffing

Current staffing of the Communicative Disorders Program includes 5 tenure-track faculty members, 15-20 part-time faculty members, one CD Clinic Office Manager and one student assistant.



Our Current Reality: Historical Scan (and identification of emerging trends)

HISTORICAL SCAN

This was the time of....	Origins of Change		Legislation & Policy Changes	Innovation	Shrinking Resources	Finding Ways to Connect		
	50s	60s	70s	80s	90s	00s	10s	2013-2020 (future)
The World	- End of WWII prosperity optimism - End of cold war	- Wars - Civil Rights	- Change in women's roles - AHA & ADA - IDEA - SPED Laws-Part C	- Technology - Fall of Communism - Inclusion	- Budget Issues - Internet - Techno Revolution - Rise of technology	- Acceptance of diversity and disabilities - Budget cuts - Aging boomers - Rose-Civil Rights-inclusion - BCLB and general cur.	SFUSD new leadership	- Resources - Technology impact on all aspects-work, social
Communication Sciences & Disorders	- Increase scope of practice - Increase aphasia TX	- Limited evidence - Narrow scope	Medical model	- Awareness oral + written language - Increase demand	- Masters program - Rise in Autism - Medicare CAP - Budget issues	- Shortage of SLP's - Bilingual education & cultural education - VS. Behavioral - Shift to social/developmental - Increase PHD push - Increase Dysphagia/ decrease Aphasia - Increase caseloads/decrease severity of disorders	- Increase in research - Family centered approaches - Expansion of practice-wider range of disorders - Neuro-bio/developmental	- Generalist vs. specialist - Collaboration interdisciplinary - Technology-benefits research-assistive technology
Communicative Disorders Program	Program started	- Limited in scope-instruction/clinical practice more isolated - Faculty strike	- Ivory Tower (limited collaboration w/ community) - Separation of CD & SPED	Relationship BTW oral + written language	- Small Faculty - Shrinking resources	- Community based clinics - Increase specialty clinics - Increase use PT faculty - Increase female faculty	- Multi-disciplinary community based collaboration - Increase <u>neuro</u> focus - Increase grants - Increase research focus - Collaboration w/community (web/focus groups on-site)	- Budget issues - Preparing for collaboration - Internationalization - Increase capacity - Self-Advocacy - Distance learning + online courses - Child-Family-Comm Centered - More collaboration w/community - Establish PHD students joint DOC in CD - Increase collaboration + training

● = Present & Future Events that CD Program could capitalize upon



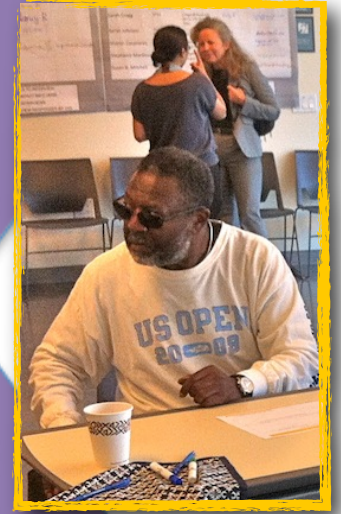
EMERGING TRENDS TO CONSIDER IN CD PROGRAM'S STRATEGIC PLANNING

In the World:

- Increased focus on discipline
- Awareness & acceptance of diversity
- Global world getting smaller

In Communication Sciences & Disorders:

- Need for multilingual clinical & research focus
- Changing scope of practice
- Curriculum standards changing



Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

Interview Subjects

Dorothy Molyneaux	Retired Professor, SFSU CD Program
Sara Spencer	Clinical Faculty, SFSU CD Program; private practice
Minnie Graham	Retired Professor, SFSU CD Program
Linda Shively	Intern Supervisor, Kentfield Rehabilitation
Meagan Clifford	Intern Supervisor, Kaiser Vallejo (and former student)
Sarah Cragg	Head SLP, SFUSD
Betsy Kean	Dean, GCOE
Nick Certo	Retired SPED Chair
Jonathan DeVera	Medical SLP (and former student)
Anonymous	SFSU CD Program graduate student
Oneida Chi	Hillcrest Elementary School, SFUSD
Marcia Moy	Redding Elementary School, SFUSD
Julie Oeser	SLP, Belmont Redwood Shores School District
Paul Stahoviak	Cesar Chavez Elementary School, SFUSD

Interview Questions

1. What 2-3 components of training for undergraduates in the SFSU Communicative Disorders Program is critical to their success as they enter the workforce or pursue a graduate education?
2. How would you rate the CD Program's performance on the training you just listed?
 - For ____1____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
 - For ____2____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
 - For ____3____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
3. What 2-3 roles and functions of the CD Program do you consider are critical to prepare graduate level SLPs for their work in the field?
4. How would you rate the CD Program's performance on the roles and functions you just listed?
 - For ____1____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
 - For ____2____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
 - For ____3____ tell me if it's a strength, is it okay, or does it need work (+, 0, -)
5. Three years from now, what training for graduate level SLPs will be critical to their success as they enter the field?
6. What are some ways that the SFSU CD Program could meet those training needs?
7. Where would you like to be involved in meeting these training needs?
8. How could the SFSU CD Program better support its faculty members (all people who teach and supervise)?
9. What is ONE major accomplishment you'd like to see in place at SFSU CD Program by 2015?
10. What partnerships beyond the CD program would contribute to achieving the accomplishment you identified?

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

(Table 1) Critical Training for Undergraduates

Clinical Experience	Essential Skills	Breadth & Diversity Foundations	Self Management	Medical SLP	Technology Applications	Collaborative Teaming
Students get real world experience (e.g., pair with intern in hospital setting)	Essential skills for the field to prepare for the graduate level	Ear train for articulation and phonology Language development in childhood	Practice problem solving in difficult situations in a variety of settings	Medical aspects of CSD Working with traumatic brain injury	AAC and severe disabilities, use of technology (e.g. iPads)	Working as member in a team Multidisciplinary assessments and overlap with related professionals
Pairing with practicing graduate clinician to observe and complete an activity	Strong academic foundation (e.g., terminology, anatomy, physiology)	Working with seniors	Ability to learn and think critically		Use of computer applications in speech/language therapy with range of people and disorders	
Understanding of what clinic is about	English comprehension and use	Deal with challenging behaviors and intense psychological issues	Problem solving skills			
Speech-language pathology clinical skills	Hard and soft skills required at graduate level	Diagnosis and therapy appropriate to diverse populations	Training in organization and time management			
Hands-on experience with clients, partner with grad clinician	Making individualized delivery plan decisions and writing measurable goals	Speech pathology, organic and functional disorders/ diseases				
Hands-on therapy techniques, behavior management, severe population	Tougher standards – candidates that are able to work with all types of people and difficult situations	Introduction to theory included in courses				
Instructor’s clinical experience	Enforce standards to weed out students not equipped for this career Advising regarding the field	Breadth and diversity of courses in human communication development and disorders				
Increased observation requirements						
Increased observation requirements						
Clinical aide experience						
Option of student teaching internship						
Legend Feedback on how Program is currently meeting this goal Strength Between OK Needs Work Not Scored						

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

(Table 2) **CD Program Roles & Functions Critical to SLPs**

Diversity & Quality of Clinical Training	Range & Depth	Qualified Faculty & Advisors	Medical SLP	Policy & Advocacy	Compassionate Professional	Technology & ACC
More clinic tracks in audiology, voice, fluency, aural rehab and more opportunity for each student clinician to experience each area.	Again education in all aspect of speech pathology.	Career advising	separate pediatric and adult diagnostic seminars	A solid understanding of Calif. State guidelines for SPED.	Training in being a good communicator, i.e., personal communication, problem solving and public speaking.	Comprehension in the use and development of computer applications.
Need longer briefing time for clinic, instead of just half hour.	Training in diagnostic procedures for all ages.	Academics	Working with psychological issues of their students.	More preparation for medical settings	How to manage case loads that are difficult.	
Matching the experience of the supervisor with clinical placement.	Expose grad students to all disorders across the lifespan.	Be adept at teaching.	Hands-on experience with adults	Advocacy in all of the settings we work in!		AAC training, having access to Bridge School Camp, low tech especially
Both medical and school tracks.	Students need to come out with trained eyes and EARS so they are prepared to deliver services in articulation and phonology.		Finding hospital placements	Real world functional tasks: IEP and IFSP processes/policies, IDEA, legal and professional issues, medical billing, proper documentation	Awareness of social/economic/cultural diversity.	
Connect with the real world, communication between supervisors and practicing professionals	Focus on clinical disorders: Receptive/Expressive verbal language, Articulation and Phonology, Pragmatics strategies for children with HOH, Cognitive disabilities, Voice, Fluency, Cognitive linguistic strategies and AAC.	Relate and feel compassion towards our students as we do towards our clients.			Help students learn how to work as a member of a team.	
on-campus clinics	Keep options open in training with a range from mild to severe needs of clientele. Prepare students to work with a broad range of needs in people with communication disorders.					
Advanced theory and practice in clinic and courses						
Hands on clinical experience	Voice and fluency should be whole semester, not split. Need better teaching for a) Pediatrics: articulation, phonology and language, b) Adult: therapy techniques and strategies—cognitive therapy; more demos of actual tx techniques/strategies, hands-on before clinic					
Hierarchy for clinical placements is well established.						
Increase therapy-focus, less theory						
Legend <i>Feedback on how Program is currently achieving in these areas</i> Strength Between OK Needs Work Not Scored						

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

OUR THINKING

Training We See as Critical for Our Students in 3 Years

- moving away from deficit model
- importance of EBP
- toolkit of strategies
- learning to mentor
- students as advocates (for patients/clients AND themselves)
- increased clinical opportunities for undergraduate students
- training around inclusion

(Table 3) In 3 years, this Training will be Critical to SLPs

Current Training Topics	Prepare for Work Settings	Tools for Profession	Collaborative Teaming	Course Format	Technology
• More exposure to up-to-date topics such as CAPD, autism, social thinking skills/Michelle Garcia Winner, early intervention, preschoolers. • Cochlear implant, HOH and aural rehab • Working with students with behavioral challenges • Diagnostic and therapeutic procedures for all ages. • Medical terminology. Computer literacy • Articulation/phonology • Thorough grounding in autism • Working with war veteran • Working with stroke patients • Increased training dysphagia and esophageal dysfunction in adults and children • ASL	• Mentoring to foster professional growth • Curriculum-related tasks and standards; State and Fed laws, Special Ed system • SPED guidelines • SLP work settings and requirements for these settings • Workforce dynamics • Insurance and delivery system • Technology and legal issues • Navigating the system as advocate for patients/clients • Medical terminology • Documentation	• Stronger grasp of typical early development and norms • Have a tool kit of strategies, techniques, materials, development charts, parent handouts • knowledge of various tx techniques for artic/phono • Access to screeners: artic, phono, lang, bedside swallow • What to look for with background hx, overall data collection to support assessment	• Multidisciplinary • Collaboration, push-in, classroom-based therapy • Assessments • Team work • Dealing with cross-generational issues	• More hands-on application overall • Courses that demonstrate tx techniques and strategies, focus on hands-on application • Better structure for course scheduling	• Use of technology • Technology (iPad) use in therapy • Computer applications in treatment and case management

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

OUR THINKING
Ways to Effectively Support
CD Program Faculty

- faculty resource and teaching library
- support/mentor for non-tenure track faculty (pair with someone with more teaching experience)
- take advantage of technology on campus
- include Mallorie in orientation of supervisors
- get everyone on same page -- same expectations from clinic to clinic (consistent variation)
- support for tenured faculty (buddy system)
- consolidation of the work

(Table 6) **Ways CD Program Could Better Support Faculty**

Collaboration	Mentorship	Professional Development	Teaching & Research	Internship	Clinic Processes
• Online discussion groups • Collaboration between campus faculty and off-campus supervisors. • Networking experiences for faculty and supervisors • Collaboration between on-campus and internship supervisors • Orientation for supervisors • Appreciation party	• Mentorship system among faculty • Faculty and supervisor brown bags • Orient non-tenured faculty • Integration of faculty into the College.	• Travel funds for faculty and supervisors to attend state and national conventions and make presentations. • Send the school supervisors to in-services • Purchase and demonstrate current technology (apps.)	• Reduce course load for Tenure Track faculty • Align teaching with clinical supervision • Align faculty research with their clinical assignments • Research be part of teaching and clinical supervision	• Clearer structure with internship experience • Consistency with internship expectations	• Obtain more clients for CD 884 • Consistency among faculty team regarding clinic processes

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

(Table 4) **Ways CD Program Could Meet Training Needs**

Specific Training Topics	Community Involvement	Start with the End in Mind	Medical SLP	Real World Experience	Technology
• Childhood dysphagia • Training grants • More support and consistent feedback from faculty/advisors • ASL coursework at undergraduate and/or graduate level • Review Common Core standards • Develop toolkit for screening and tx • Participate in entire IEP process • Use video demonstration of tx methods • Eligibility not just standardized scores • Introduce students to behavioral management • Bilingual, multi-lingual assessment	• Provide training beyond classes through continuing education • Encourage learning courses • Strategic planning to include community members • Involvement of community members • Increase role of SFUSD in training program • Have professional "panels" in courses/ brown bags	• Survey graduates to determine job satisfaction • Use survey results to strengthen the training program • Provide course content to meet training needs in the community • Match clinical training to community needs • Survey graduates to look at roles expected in work place.	• Extended internships • More preparation for medical setting in courses • Reach out to Rehab Directors • Identify how students can be an asset to sites	• Encourage a world view to be more sensitive to the interests of our clients. • More real world experience, mentorship with SLP in field • Academic and hands-on exposure with current trends	• Technology for assessment, documentation and tx • Include more information regarding technology (apps) in the course work and clinic experience

Our Current Reality: Interviews of Stakeholders (Oct-Nov 2012)

(Table 8) Ideas of Potential Partnerships

Community Agencies • Contact Golden Gate Regional Center • Contact private and parochial schools to form relationships • Target lower income areas where the need is greater Community Professionals • Hold a panel with various professionals to discuss: ○ Current and practical strategies, and research ○ Expectations at different work settings Former Students • Former students be more more of an asset to program. • Build on connections with former students to build network in medical settings Medical Partners • Medical schools, attend lectures at UC Medical Center • Partner with institutions for internship placements. • Collaboration between SFSU faculty and off-campus training sites. • More variety with internship settings so that there are enough opportunities per semester, more modeling of tx	School Partners • SLPs (in the community) willing to be mentors, even if they can't officially supervise • More community cooperation and increased number of internship opportunities • Partnerships with school districts who will pay stipends to students as incentives to work in the schools • Partnerships within district with lead psychologist and related services. • AAC – 5 SLPs are AAC specialists in the district, SFSUD has a partnership with Boardmaker to pilot one of their new programs • Working on professional development to support and train everyone – such as Communication Severity Scales • Partnerships with schools • Schools for targeted experiences • Make partnerships with behavioral specialists • Schools that provide best practice programs. • Professional development and association with various vendors and manufacturers and users of current computer applications. University Partners • Increased number of grants • Increased visibility in the University and community • Reach out to other entities in the university to convince them of the integrity of the program. • Establish communication with undergraduate studies • More partnerships with SPED faculty • Faculty in other department
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Our Practical Vision

As a result of our actions, the **achievements** the CD Program wants to see in place in February of 2016 are. . .

High visibility within university and community	Students and instructors committed to EBP	Admission pathway for students from non-CD majors	Clinically relevant program	High Achieving Graduates	Well mentored and cohesive faculty	Distance learning for students and community	Interdisciplinary and collaborative preparation to work in inclusive setting	Effective career counseling for undergraduates
- create a shared space to showcase our diverse work - increase number of tenure-track faculty	- develop a library of clinical best practice demonstrations (rooted in EBP) - identify specific competencies (EBP and Application)	- create 2nd BA/leveling curriculum, need to then apply to grad school - revive admission of conditional graduate students - realign undergrad/grad course (move around/change/eliminate) - post baccalaureate program	- include more medical training - hands-on application to the real world - create new adult clinics - sharing/developing tech applications beyond program - more training opportunities in hospital settings	- continue to refine student selection process - undergraduate honors program in place - mandatory undergrad clinic aide - mandatory: clinic aide as senior – senior courses - increase undergrad standards minimum B- (and other) - introduce undergraduate clinic - offer a PhD in CD - professional issues course for grads - best use of available units in curriculum - participate in international exchange programs	- mentoring process for all faculty-formal - implement multiple pathways for collaboration and mentorship among faculty - collaboration among supervisors and faculty - cohesiveness among supervisors (on and off campus) - guidelines for off-campus internships - networks/pairs of tenure/tenure track/lectures (mentorship)	- create on-line classes - online CD courses - on-line clinical supervision CEU's - use of existing technology resources at SFSU	- graduates are effective team members inclusive settings - school-based specialty in place - collaborate with other programs in SPED and college	- counseling undergrads re: full range of career options - support for SLPA program

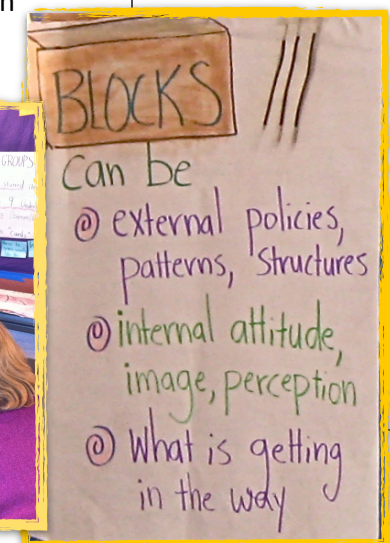




The Underlying Contradictions

The **blocks** that prevent us from moving toward our vision are. . .

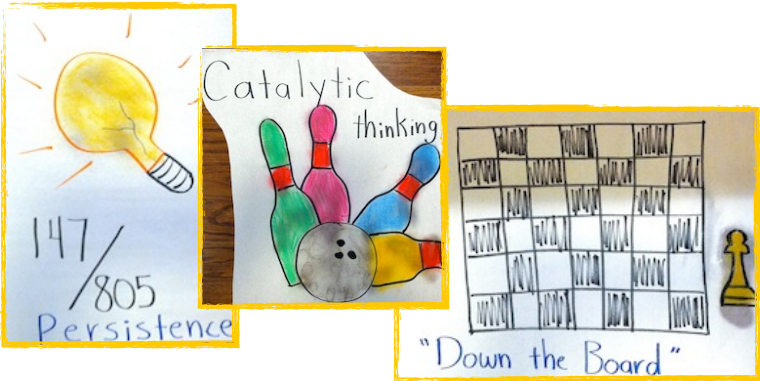
Disconnect between university and program advising	Inflexibility of university policies	Overdependence on face-to-face communication limits exchange of ideas	Limited strategies for interdisciplinary collaboration	Insufficient visibility at university and community levels	Traditional clinical service delivery	Insufficient scaffolds between academics and clinical practice	Fear, discomfort, and limited knowledge of distance learning
• limited focus on undergraduate counseling • priority placed on SLP as career endpoint • incoming students are advised by non-CD faculty when they declare our major • only a few partnerships with advisors from other programs to whom we can refer students • thinking beyond M.S. –low expectations (C-) for undergrads • class sizes too big • numbers of undergraduate students	• knowledge of how university works for setting up programs (i.e. honors) • insufficient university and programs policies at undergrad and grad levels • need to maximize our FTEs • university exclusively granting only first BA degrees • can only offer 1 unit for clinic aides now • unrealistic understanding of need of post-bac programs at Dean and Dept level	• insufficient communication amongst faculty • very full professional schedules and are in different locations • disconnect between faculty and off campus supervisor • disjointed communication with part-time faculty • nothing official in place at CD/Dept/ COE level for mentoring • insufficient time and organization to mentor a cohesive faculty	• inflexible attitudes and beliefs about interdisciplinary and collaborative preparation • limited outreach • uncoordinated class scheduling at university • structural separateness of programs, depts., and colleges • disconnection between disciplines	• visibility-limited self-promotion • unrecognized needs in the eyes of the college, university, taxpayer • awareness of avenues for visibility • sparse and inaccurate knowledge of what SLP's/CD do/does	• need for cooperation from clinical settings-supervisors to allow for breath and depth of exposure • finding diverse population of adult clients • transition of clinical learning to other settings • limited clinical settings and vision of alternation clinical source models	• underdeveloped clinical links between courses and clinical practicum • we need to be very careful when connecting students with clients • contradictions exist between what students learn (in class) and what they observe (in practice)	• limited knowledge of distance learning • not sure yet which classes in our program is best for distance learning • obtaining technology and strategies for developing courses



Our Strategic Directions, Strategies, & Brainstormed Actions

The innovative, substantial actions that will address our barriers and move us toward our vision are . . .

S = Strategy
SD = Strategic Direction



S 1A Expand CD Program Visibility

- meet with new interim leaders to present our program
- video presentation about what we do
- join and be leaders in highly visible university committees
- university job fair
- increase involvement of a more diverse advisory board
- CD committee to implement visibility projects

SD 1

Showcasing the Field and the Program

S 2A Refine Curriculum

- I.D. University policy for course development/change
- create CD leveling program for non-traditional grads
- embed individual & independent assessment in each course
- increase research on university policies
- align undergrad/grad curriculum with minimum standards

S 2B Improve Undergrad Advising

- information exchange with undergrad department
- participate in new student orientations
- undergrad advising head educate CD faculty
- develop undergraduate advising brochure

S 2C Broaden Clinical Experience

- revise clinical training contract for liability across settings
- expand to 2 child & 2 adult clinics -- on/off campus
- survey colleagues regarding non-traditional practices
- invite panel of professionals: discuss, QA, demo
- define & develop vertical (class <-->clinic) & horizontal (clinic <--> clinic) scaffolds
- partner with agencies for alternative clinical experience
- mandatory clinical observation in 3 different (non on campus clinic) settings (submit brief summary)

S 2D Explore Distance Learning

- distance learning: + / -- based on experience
- evaluate existing distance learning programs
- contact Northridge and/or Nova Southeastern about online courses (what works/doesn't, focus group)
- hold faculty events using distance technology

SD 2

Providing Exemplary Education

S 3A Engage Community in Shared Learning

- in-services at training sites (scaffolds)
- online CEU training offered off-campus & community SLPs
- set up a regular time to present research and ideas (open to community)

S 3B Increase Faculty Collaboration

- develop an interdisciplinary course with approval from Dean
- use SPED faculty meeting as forum
- co-teaching
- build in collaboration time at CD and SPED faculty meetings

S 3C Provide EBP Resources

- examine how to talk about discrepancy between research/practice in a respectful way
- create EBP "library" for academic & clinical coursework

S 3D Increase Use of Technology

- increase use of technology
- try out Google communities for faculty
- develop a program blog

SD 3

Promoting Excellence across Faculty and Professional Community

Implementation Planning: Our Focused Implementation Plan



Focused implementation is all about identifying and committing to measurable accomplishments and associated actions that will lay the path toward the realization of the CD Program's vision. These actions and accomplishments are clear. Their completion can be measured. They are on the calendar and specific people have accepted responsibility to get them done, by working in teams.

The purpose of Focused Implementation (which includes four distinct exercises) is to separate what the group will commit to doing from all the wonderful things it might do. Focusing attention and resources is difficult, but without focus progress to the vision will not be made. On 12/20 participants engaged in the first Focused Implementation exercise -- defining First Year Accomplishments for each of our 3 Strategic Directions. A draft of these First Year Accomplishments is shown on pp. 22-24 of this report.

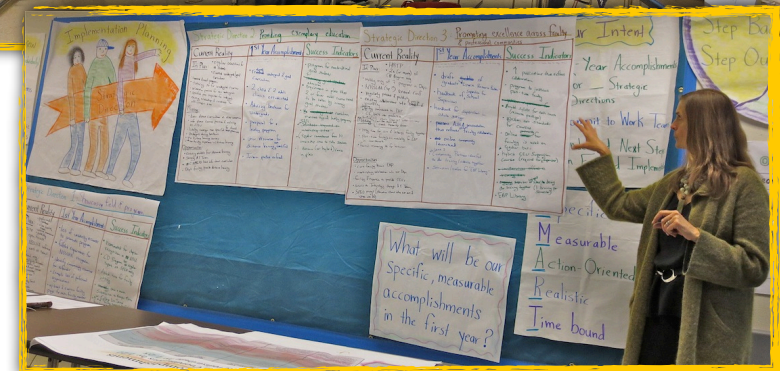
Current Reality	1st Year Accomplishments	Success Indicators
To Plan: - Regular schedules & 4th grade - Classroom management - Classroom procedures - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community Notes: - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community Objectives: - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community	- Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community	- Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community - Classroom procedures for students - Classroom procedures for teachers - Classroom procedures for parents - Classroom procedures for community



The next four steps for the Work Groups and Coordinators (Nancy & Mallorie) to engage in are:

- Refine "First Year Accomplishments"
- "Timeline of First Year Accomplishments"
- "90-day Implementation Steps"
- "90-day Implementation Calendar"

These exercises are described in more detail on pp. 25-32 of this report; associated templates (in Microsoft Word) have also been provided to the CD Program to assist in our completion. Completing all four of these exercises will determine what the CD Program will actually do in the first year and identifying the priority steps that will get us started.



Implementation Planning: First Year Accomplishments

"The strategic end is born in the tactics with which it is pursued."

- Aidan Kavanaugh

STRATEGIC DIRECTION 1: Showcasing the Field and the Program		
1 Current Reality <i>What's in place, what's missing, and opportunities relating to this strategic direction</i>	3 First-year Accomplishments <i>What we need to accomplish in the next 12 months to move from the current reality to where we want to be in 2-3 years</i>	2 Success Indicators <i>What will be different in 2-3 years if we mobilize behind this strategic direction</i>
In Place - o professional committees - o client word of mouth - o website announcements - o faculty publishing - o website - o annual open house - o annual NSSLHA conference - o we present work at national conferences - o we attend professional meetings - Center for Teaching - University Interdisciplinary Council - Children's Campus Advisory General - Children's Campus Research Council - University Library Committee - ??? proposed course review ??? - CD Advisory Committee - Sabbatical Leave Committee - Undergraduate Advising Committee - General Education Advising Committee - HRIC (community committee) Missing - o time (and community) for writing - o regular communication vehicle - o community awareness of CD Program - o Dept awareness about our program - o College awareness of our program - o Our own identity – "where and how" we fit - o Informative & written description of program / brochure Opportunities - o Graduate recruiting program - o Faculty meetings - o New Dept Chair, new Dean - o Orientation for new undergrads - o Orientation for new transfer students	<i>First Year Accomplishments are SMART</i> Specific Measurable Action Oriented Realistic Time bound ➤ list of university resources to promote program ➤ fulfilled requirements for NSSLHA recognition ➤ identify community resources for referrals ➤ compile list of professional organizations ➤ updated and current faculty pages for each faculty member ➤ professional quality academic program brochure ➤ website addition "Alum of Month" ➤ updated added to our existing meetings ➤ blog established (with plan for weekly update) ➤ tracking database for recent graduates	<i>Measurable Outcomes of your work on this strategic direction.</i> ❖ nominated for chapter recognition at ASHA ❖ CD Program has regular report at SPED mtg ❖ Added time for faculty writing ❖ Once a month submission to "Campus Memo" or College List Serve ❖ Increase number of faculty "experts" listed by SFSU ❖ Brochure ❖ Current pictures of students & faculty on SFSU website ❖ Waiting list of 10 diagnostic clients ❖ CD Program Blog ❖ List of committee representation ❖ Current Research & Innovations web page ❖ Updated faculty pages

Implementation Planning: First Year Accomplishments

STRATEGIC DIRECTION 2: Providing Exemplary Education		
1 Current Reality <i>What's in place, what's missing, and opportunities relating to this strategic direction</i>	3 First-year Accomplishments <i>What we need to accomplish in the next 12 months to move from the current reality to where we want to be in 2-3 years</i>	2 Success Indicators <i>What will be different in 2-3 years if we mobilize behind this strategic direction</i>
In Place - Regular orientation for all students - Current undergraduate curriculums - Current clinical program - Tutoring systems for undergraduate courses - Orientation process for undergraduate courses - Specified pre-requisites for undergraduates - Existing relationships and contracts for off-campus sites Missing - data about curriculum at other universities - info about current practices and advising at SFSU - liability coverage not specified for clinical placements - undergraduate learning courses - faculty experience with distance learning Opportunities - models exist for distance learning - strong AT Team - CAPCSD has info about curriculum - Dept faculty provide distance learning	<i>First Year Accomplishments are SMART</i> Specific Measurable Action Oriented Realistic Time bound ➤ realigned undergraduate and graduate curriculum ➤ 2 child and 2 adult clinics established ➤ Advising brochure for undergraduates ➤ Proposal for a leveling program ➤ University resources for distance learning are identified ➤ Intern packet refined	<i>Measurable Outcomes of your work on this strategic direction.</i> ❖ Program in place for nontraditional graduate students ❖ Admission requirement in place that incoming grad students need 2 or fewer additional courses ❖ Curriculum matches typical leveling programs ❖ Regular commitment from 10 internship sites to take students ❖ 1 distance (or hybrid) course in place

Implementation Planning: First Year Accomplishments

STRATEGIC DIRECTION 3: Promoting Excellence Across Faculty and Professional Communities			
1	Current Reality <i>What's in place, what's missing, and opportunities relating to this strategic direction</i>	3	First-year Accomplishments <i>What we need to accomplish in the next 12 months to move from the current reality to where we want to be in 2-3 years</i>
2	Success Indicators <i>What will be different in 2-3 years if we mobilize behind this strategic direction</i>	First Year Accomplishments are SMART Specific Measurable Action Oriented Realistic Time bound	
	Measurable Outcomes of your work on this strategic direction.		
	In Place - o H RTP - o CD Program mtg 2x (or more) each month - o Monthly mtg of 7 programs in Dept - o NSSLHA annual conference - o Existing collaborations within and outside university - o Full-time faculty commitment to EBP - o CE built into profession - o Visit intern sites as university liaisons (written report too) - o Annual membership dinner Missing - o meeting time for core and lecturing faculty together - o part-time faculty's accountability for EBP in coursework - o formal mentoring for lecturers Opportunities - o core faculty knows EBP - o interdisciplinary collaboration within our Dept - o faculty & expertise to provide CEUs - o access to technology through AT Team - o SPED mtgs (education about who we are and what we do)	➢ Draft of graduate "Course Resource Packets" ➢ Handbook of supervision for school supervisors ➢ Handbook of supervision for adult setting supervisors ➢ ASHA presentation that reflects SFSU faculty collaboration ➢ Online community launched ➢ At least 2 community partners identified to do training / in-service together ➢ Structure/outline for "EBP Library"	❖ Increased number of publications that reflect collaboration ❖ Program exists to instruct part-time faculty ❖ "Course Resource Packets" (model syllabi and resource packages for each course) ❖ Written core standards for courses ❖ Online community for faculty is used on regular basis ❖ Hybrid CEU supervision course (required for all supervisors) ❖ Supervisors engaged at sites and providing at least 1 training per semester with core faculty ❖ EBP Library

Implementation Planning: Work Teams

SD 1

**Showcasing the Field and
the Program**

Members:

Nancy Robinson
Mallorie Desimone

SD 2

**Providing Exemplary
Education**

Members:

Patti Solomon-Rice
Laura Epstein

SD 3

**Promoting Excellence
across Faculty and
Professional
Communities**

Members:

Betty Yu
Maya Henry



CD Program's Next Steps: A Focused Implementation Plan



Focused implementation is all about identifying and committing to measurable accomplishments and associated actions that will lay the path toward the realization of the CD Program's vision. These actions and accomplishments are clear. Their completion can be measured.

CD Program's Next Steps: A Focused Implementation Plan

1. Create a Timeline of your First Year Accomplishments

Each Work Team refines First Year Accomplishments and develops a Timeline of Accomplishments by 1/21. These timelines will be compiled by Coordinators (Nancy & Mallorie), reviewed for conflicts, adjusted, and redistributed to Work Teams by 1/25.

Current First Year Accomplishments (as drafted on 12/20) provided to CD Program in editable Microsoft Word format; template provided in Microsoft Word for use in defining the second and third year's First Year Accomplishments; sample Timeline (from another organization) provided on p. 28

2. Identify 90-day Implementation Steps

By 1/30 each Work Team then develops 90-day Implementation Steps (with associated deadlines) that will carry their team (and the organization) toward each of the Team's identified Accomplishments.

Template provided in Microsoft Word for First Year Accomplishments; blank 90-day Implementation worksheet shown on p. 29

3. Calendar Your 90-day Implementation

Coordinators will review all the steps seeing where there may be conflicts between task deadlines. They'll make adjustments and then put all of the intended 90-day implementation steps (or tasks) onto a calendar, or into a task management system. This will be made available to all the Work Teams by 2/15/12.

Template provided in Microsoft Word for 90-day Implementation Calendar; suggestions for shared task management software provided on p. 31; a sample 90-day Implementation Calendar shown on p. 30

4. Do the Work - February 2013 and Beyond !

Each Work Team lead keeps track of deadlines, provides reminders and encouragement to team members, seeks help as needed along the way.

5. Keep Your Plan on Track

Coordinators keep in touch with the Work Teams, remind them (as needed) of deadlines & help coordinate between different teams. Schedule quarterly meetings to update everyone on the progress and make adjustments as needed. Schedule an annual meeting to create a Timeline of your Accomplishments for the next year. Integrate your implementation into as many regular meetings as possible – keep this work present in everyone's minds.

Grid showing recommended quarterly evaluation and annual planning provided on p. 32

I. Create a Timeline of your First Year Accomplishments

CD Program begins with each Work Team refining its First Year Accomplishments (provided in Word format), then developing a timeline of these accomplishments (use provided word templates). These timelines are submitted to Coordinators by 1/21 (Nancy & Mallorie) who will compile, review for conflicts, adjust, and redistribute to Work Teams by 1/25.

SAMPLE
(from small non-profit)

	Quarter One (Feb - Apr 2013)	Quarter Two (May - Jul 2013)	Quarter Three (Aug-Oct 2013)	Quarter Four (Nov 2013-Jan 2014)
SD 1 BUILDING A ROBUST AND DIVERSE REVENUE BASE	☐ Fund raising strategic plan	☐ Donor CRM platform is operational		☐ \$50 K from corporations and small businesses ☐ 50% increase in training income (150K) ☐ 5 major donors (+\$2,500/year)
SD 2 EVOLVING AND STRENGTHENING INTERNAL STRUCTURES & SYSTEMS FOR A HEALTHY ORGANIZATION	☐ Board ratified vision, mission, and values	☐ 8 outside Board members (spending 75-80% time on fundraising)	☐ Strategic organizational staffing structure plan (including Development. Director) ☐ 20% of Program Director time spent in program development	☐ Defined, formalized roles for volunteers with plan for volunteer management
SD 3 IMPLEMENTING A COMPREHENSIVE MARKETING STRATEGY	☐ "Short term content strategy" Define: deploy clear messaging to target audiences via pruning/update of current materials/ channels and full update of	☐ "Awareness and acquisition in key fundraising areas" Design and deliver marketing activities that sell training, expand email base and test outreach to local SMBs and large like minded corp.	☐	☐ "Plan for Growth" Comprehensive marketing info and communication plan established

2. **Identify 90-day Implementation Steps**

By 1/30 Work Teams also develop 90-day Implementation Steps for each Accomplishment (use Worksheets provided in Microsoft Word format). Team Lead submits to Coordinators (Nancy and Mallorie). These steps will carry their team (and the organization) toward each of the identified Accomplishments.

Worksheet: 90-Day Implementation Steps

STRATEGIC DIRECTION:		ACCOMPLISHMENT TITLE (what):		
Intent (Why):		Start Date:		
		End Date:		
Implementation Steps (How)		Who	When	Where
1.				
2.				
3.				
4.				
5.				
Team Lead:	Collaborators or Partners:	Evaluation Measures: <i>how we'll know we finished and succeeded</i>	Budget:	Next Meeting Date:
Team Members:				

3. Calendar Your Implementation

Coordinators (Nancy & Mallorie) put all of the intended 90-day implementation steps (or tasks) onto a calendar (template provided in Microsoft Word) or into an electronic shared task management system (see ideas on next page). See where there may be conflicts between task deadlines, make adjustments, and make available to all the Work Teams by 2/15.

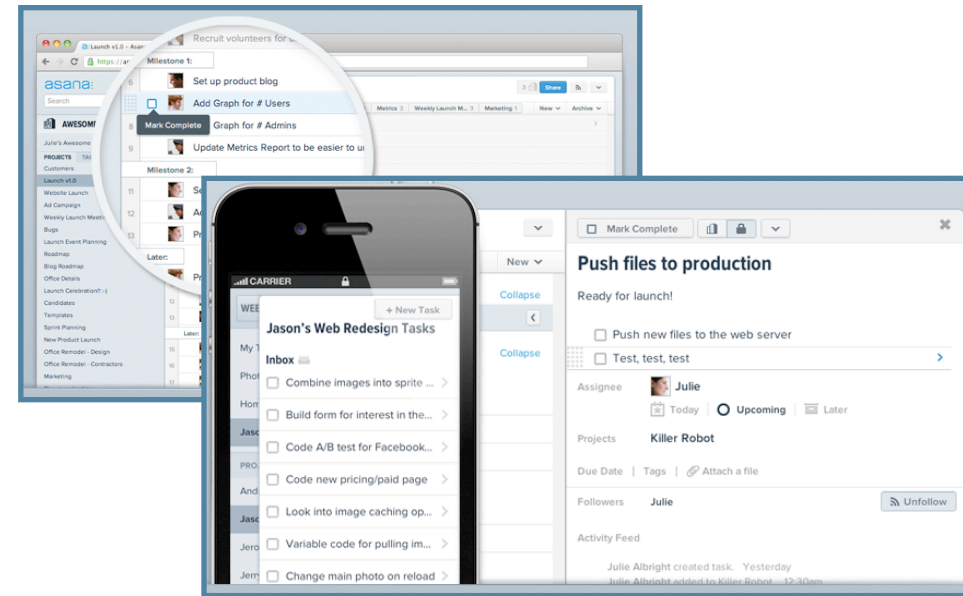
SAMPLE 90-Day Implementation Calendar

ACCOMPLISHMENTS	Feb	Mar	Apr	Quarter 2	Year Two	End Date	Team Members
☐ 1.1 5 more major donors (more than \$2,500)	1.1.1 Feb 15 Board on "Ask"; get commitments	1.1.2 Mar 5 "Ask" campaign developed (marketing materials, talking points, steps) 1.1.3 Mar 15 Identify 24 potential m. donors (3 per board member)	1.1.4 Apr 15 Assignments to Board (with staff support)			Continues on.....	John, Michael, Frances, Roy, Kathleen (involve Marketing Team Lead)
☐ 1.2 50% increase in paid training (30 K or more annually)	1.2.1 Create a matrix or comparable training programs 1.2.2 Create outreach plan for 2 in-house trainings 1.2.3 Create outreach plan to conduct 6 paid trainings in 2012 1.2.4 Feb 28 Develop (update) training materials	1.2.5 Mar-May Coordinate and conduct 2 trainings					Michael Frances Roy
☐ 1.3 Small Business and Corporate Sponsorship	1.3.1 Feb 15 Develop marketing kit for small businesses	1.3.2 Mar 15 Develop marketing kit for corporate (incentives, samples, etc.) 1.3.3 Mar 15 Identify "A" "B" and "C" list of corporations	1.3.4 Apr 15 Develop outreach strategy for corporations			Ongoing	Kathleen Michael

4. Do the Work

Each Work Team lead keeps track of deadlines, provides reminders and encouragement to team members, seeks help as needed along the way. Free or low cost online task management software used by everyone on the project can be very helpful.

here's a simple (and free) tool....[Asana](https://asana.com)
[www.asana.com](https://asana.com)



Wiggio is the easiest way to work in groups.

Start a Group

Over 75,000 groups are using Wiggio to:

- Host virtual meetings and conference calls
check out meetings ▶
- Create to-do lists and assign tasks
check out to-do lists ▶
- Send email, text and voice messages
check out messages ▶
- Manage events with a shared calendar
- Poll your group in real time
- Upload and manage files in a shared folder

Wiggio is the easiest way to create to-do lists.

Create a To-Do List

Assign tasks, set due dates and keep track of group progress.

- ✓ Assign tasks to the whole group or individuals
- ✓ Set due dates and assignees will receive reminders
- ✓ Have a discussion within the to-do list thread
- ✓ Monitor when and who completed tasks

take the video tour ▶

Create to-do list

List Name*

Task

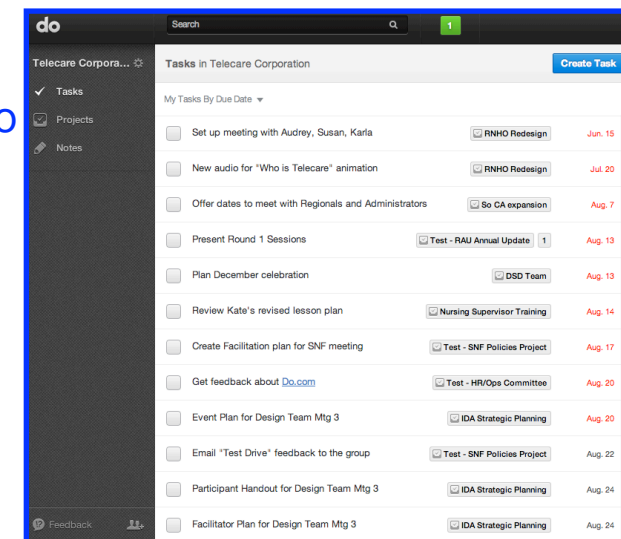
Add another task

Add a subject to this thread

Optional: Add a comment with this to-do list...

Participants Add participant...

here's another simple tool....[Do](https://www.do.com)
www.do.com



here's another pretty simple (and free) tool....[Wiggio](https://www.wiggio.com)
www.wiggio.com

5. Keep Your Plan on Track -- Track Progress, Encourage Accountability, Celebrate Successes, Make Adjustments, Continue Planning & implementing

1st Quarter Evaluation Meeting 3 hours	2nd Quarter Evaluation Mtg 3 hours	3rd Quarter Evaluation Mtg 3 hours	Annual Planning Event 5-6 hours
APRIL 2013	JULY 2013	OCTOBER 2013	JANUARY 2014
1) Review: - vision - obstacles - strategic directions	1) Review: - refer to 1st Quarter process	1) Review: - refer to 1st Quarter process	1) Review: - refer to 1st Quarter process
2) Evaluate 90-day Action Plan - what got done ? - what didn't ? - what were the blocks ? - your learnings ? - what are the implications for the next quarter ?	2) Evaluate 90-day Action Plan - refer to 1st Quarter process	2) Evaluate 90-day Action Plan - refer to 1st Quarter process	2) Evaluate 90-day Action Plan - refer to 1st Quarter process
3) Plan for next 90 days - review & refine measurable accomplishments - develop 90-day Implementation Plan for each accomplishment in that quarter (use "90-day Implementation Steps" worksheet)	3) Plan for next 90 days - refer to 1st Quarter process	3) Plan for next 90 days - refer to 1st Quarter process	3) Identify measurable accomplishments for next 12 months (use "First Year Accomplishments" worksheet)
			4) Establish timeline of accomplishments for each quarter
			5) Plan for next 90 days - develop 90-day Implementation Steps for each accomplishment in that quarter (use "90-day Implementation Steps" worksheet)
TIPS FOR SUCCESSFUL COORDINATION & PLANNING: • Identify one (or two) people to track (and remind) team leads of deadlines, coordinate between work groups, & schedule planning events • Schedule the quarterly and annual meetings well in advance • Make the evaluation AND planning meetings face-to-face • Include everyone who is involved in the implementation work group (if this is not possible for quarterly meetings, at least every "lead") • Each workgroup prepares any written materials in advance • Designate a "facilitator", who the organization has empowered to serve in this role (and who has a plan for facilitating)			

Your External Consultants



Shannon Mong, Psy.D.
inSight Consulting
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San Anselmo, CA 94960
415-279-2402
smong@telecarecorp.com



Services provided to CD Program included:

- Process and Event Design
- Facilitation
- Documentation

Shannon has twenty-five years of experience in program development and administration with across diverse industries. For the past fourteen years she’s focused on work in behavioral services, including government, non-profit, and private sector organizations. In 2009 Shannon integrated the ToP (Technology of Participation) methods into her facilitation and training work. These methods promote a collaborative, team approach to clarify and solve complex problems. She brings insightful thinking, intentionality, and a sense of humor to help groups consider and successfully implement projects and participatory change.

Nileen Verbeten
3701 McKinley Boulevard
Sacramento, CA 95816
916-705-1203
nverbeten@surewest.net

Nileen has thirty years’ experience working with organizations of all types. She has worked in and with organizations dedicated to issue advocacy, service delivery, planning and policy. She has experience facilitating with private and public entities, philanthropies, and neighborhood and professional associations; and regulatory agencies, among others. Her experience includes start-ups, turnarounds and assisting agencies grappling with significant upheaval - helping them face deep challenges, take stock and regroup for success. She brings experience organizing complex data sets, drawing upon insights from operations and management experience.



Services provided to CD Program included:

- Data Preparation



Ann is the owner of Early Childhood Associates, a consulting group based in San Francisco, that provides training and facilitation services primarily in educational and governmental settings. She also was the director of an interagency collaborative, the High Risk Infant Interagency Council, that resides in a non-profit community based family resource center. Ann has over 20 years experience providing facilitation services, assisting programs to develop program components, conducting end of year review of services, and other meeting facilitation services. She enjoys working with community and school groups to design and facilitate meetings that result in meaningful action and deeper understanding of the work.

Ann Carr
Early Childhood Associates
1781 Sanchez Street
San Francisco, CA 94131

Services provided to CD Program included:

- Design Team Mtg Facilitation
- Process Design