



# Special Olympics Unified Champion Schools®

(WEEKDAY), (MONTH DATE), 201X

(SCHOOL DISTRICT):

- (NAME), Special Education/Student Services Director
- (NAME), Coordinator, Special Education/Student Services
- (NAME), Principal, (SCHOOL NAME) Elementary School
- (NAME), Athletic Director
- (NAME), Teacher, (SCHOOL NAME) Elementary
- (NAME), Teacher, (SCHOOL NAME) Middle School
- (NAME), student
- (NAME), student

**Special Olympics North America Unified Champion Schools:**

- (NAME), Director, Field Services
- (NAME), Director, Urban Development
- (NAME), Consultant

**Special Olympics (PROGRAM)**

- (NAME), Director, Youth Initiatives
- (NAME), Asst Director, Region X

**Goals:**

- Develop a shared understanding of Unified Champion Schools
- Identify district level strengths and challenges
- Develop goals for 201X-202X school year
- Identify action steps for (MONTH) through (MONTH)

**Agenda**

2:15pm - 2:30pm	Introductions and overview of (School District)	(NAME)
2:30pm – 2:45pm	Overview of Special Olympics UCS	(NAME)
2:45pm – 3:00pm	Overview of SOXX UCS Plan	(NAME)
3:00pm – 3:15pm	Characteristics of a Socially Inclusive School	(NAME)- Facilitate discussion
3:15pm – 3:30pm	Characteristics of a Socially Inclusive School District – modified SWOT analysis	(NAME)- Facilitates discussion
3:30pm – 3:45pm	201X-202X School Year goals	(NAME)- Facilitate discussion
3:45pm – 4:00pm	Action Steps November – January	Lillian