

**Office of Adolescent Health Teen Pregnancy Prevention [TPP] Programs  
IMPLEMENTATION PLAN Template Instructions**

The attached Implementation Plan template is the suggested temple to use to input your information about how you plan to implement TPP program(s) across all of your sites. The information you are providing to OAH is based primarily on how you are implementing your TPP program models. This template will be converted and transitioned into the MAX.gov OAH Project Management and Collaboration Community.

Please enter your information in the tables provided in the attachment and please feel free to expand your tables with additional rows at it applies to your TPP Program. We have provided some examples and instructions on how to complete the Implementation Plan.

Please contact your Project Officer if you have additional questions or concerns. Thank you.

**INSTRUCTIONS:**

**IMPLEMENTATION INFORMATION**

*Please enter information on all sites per Program Model. If you are implementing more than one program model, please enter each Program Model separately.*

<b>Program Model</b>	Please enter the TPP Program Model that you are implementing.
<b>Name of Implementation Site</b>	Please enter all of your sites that will be implementing that Program Model.
<b>Location (county and/or city, state)</b>	Please enter the location of each site that will be implementing that Program Model.
<b>Type of Setting</b>	Please enter the type of setting of each site that will be implementing that Program Model.
<b>Number (#) of Groups</b>	Please enter the number of groups at each site that will be implementing that Program Model.
<b>Number (#) of Participants per group</b>	Please enter the number of participants per group at each site that will be implementing that Program Model.
<b>Number (#) of Facilitators per group</b>	Please enter the number of facilitators that are assigned per group at each site that will be implementing that Program Model.
<b>Number (#) of sessions</b>	Please enter the total number of sessions that will be implemented at each site for that Program Model.
<b>Dates &amp; Times of Meeting Sessions</b>	Please enter the days and times of the sessions that will be implemented at each site for that Program Model.

**\*\*\*\*PLEASE EXPAND EACH TABLE TO ADD MORE SITE-SPECIFIC INFORMATION FOR EACH PROGRAM MODEL YOU ARE IMPLEMENTING FOR YOUR PROGRAM\*\*\*\***

## IMPLEMENTATION PLAN

Please enter information about the strategies you plan to implement for each of the areas below:

- **Participant Recruitment**
- **Participant Retention**
- **Participant Engagement**

<b>Strategies/Action Steps</b>	Please describe the strategies and/or action steps that you will implement related to participant recruitment/retention/engagement.
<b>Lead Staff</b>	Please indicate who is responsible for completion of this activity.
<b>Timeline</b>	Please indicate a timeline to complete activity.
<b>Monitoring Tool(s)</b>	Please describe the tool(s) that you will use to indicate achievement of the activity.
<b>Intended Outcome(s)</b>	Please describe the intended outcome(s) for the strategies/action steps listed.