**District:** Click or tap here to enter text.

**IRN:** Click or tap here to enter text.

**State Support Team Region:** Click or tap here to enter text.

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| **Topic Area of Improvement:**  |
| **WORKLOAD/CASELOAD** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Workload/Caseload** |
| Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Workload/Caseload** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **Topic Area of Improvement:**  |
| **STAFF QUALIFICATIONS/CREDENTIALS** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Staff Qualifications/Credentials** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Staff Qualifications/Credentials** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
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| **Topic Area of Improvement:**  |
| **PROFESSIONAL DEVELOPMENT** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Professional Development** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
| Click or tap here to enter text. |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Professional Development** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
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| **Topic Area of Improvement:**  |
| **DELIVERY OF SERVICES/LEAST RESTRICTIVE ENVIRONMENT** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Delivery of Services/Least Restrictive Environment** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Delivery of Services/Least Restrictive Environment** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
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| **Topic Area of Improvement:**  |
| **Child Outcomes** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Child Outcomes** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Child Outcomes** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
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| **Topic Area of Improvement:**  |
| **Part C to Part B Transition** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Part C to Part B Transition** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Part C to Part B Transition** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
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| **Topic Area of Improvement:**  |
| **Evaluation Team Report (ETR)/Individualized Education Program (IEP)** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: ETR/IEP** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: ETR/IEP** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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| **Resources Needed:** |
| Click or tap here to enter text. |
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| **Topic Area of Improvement:**  |
| **Preschool Special Education Policies and Procedures** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: PSE Policies and Procedures** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: PSE Policies and Procedures** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Resources Needed:** |
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| **Topic Area of Improvement:**  |
| **Communication Plan (when contracting for PSE services)** |
| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Communication Plan (when contracting for PSE services)** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
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| **Summary of Evidence Leading to Improvement:** |
| Click or tap here to enter text. |
| **Goal: Communication Plan (when contracting for PSE services)** |
| Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources Needed:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Alignment to Other District Improvement Plans**

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| **Step Up to Quality Improvement Plan(s)** |
| Click or tap here to enter text. |
| **One Plan**  |
| Click or tap here to enter text. |

**Signatures**

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| **Preschool District Lead** |
| Name:Click or tap here to enter text. | Date:Click or tap to enter a date. | Email:Click or tap here to enter text. |
| Signature: Click or tap here to enter text. |
| **Superintendent** |
| Name:Click or tap here to enter text. | Date:Click or tap to enter a date. | Email:Click or tap here to enter text. |
| Signature:Click or tap here to enter text. |
| **State Support Team Preschool Special Education Consultant** |
| Name:Click or tap here to enter text. | Date:Click or tap to enter a date. | Email:Click or tap here to enter text. |
| Signature:Click or tap here to enter text. |

Click or tap here to enter text.

**Department of Children and Youth Signatures**

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| **Preschool Special Education Team** |
| Preschool Special Education Team Administrator: Click or tap here to enter text. | Date:Click or tap to enter a date. | Email:Click or tap here to enter text. |
| Signature:Click or tap here to enter text. |
| [ ]  ApprovedComments: Click or tap here to enter text. | [ ]  Revisions requiredComments: Click or tap here to enter text. |