**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Area of Improvement:** | | | |
| Click or tap here to enter text.  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. | | | |
| **Summary of Evidence Leading to Improvement** | | | |
| 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. | | | |
| **Goal:** | | | |
| 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. | | | |
| **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. |
| 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. | | | |

**Alignment to Other District Improvement Plans**

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

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |
| **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: | | | |
| **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: | | | |
| **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: | | | |
| Approved  Comments: Click or tap here to enter text. | | Revisions required  Comments: Click or tap here to enter text. | |