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

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

**State Support Team Region:** Choose an item.

|  |
| --- |
| **Topic Area of Correction:** |
| 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. |
| **Summary of Evidence Leading to Correction (from Summary Report) :** |
| 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.Click or tap here to enter text. |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** | **For PSE Use****Date Evidence Verified** |
| 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 to enter a date. |
| 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. |
| 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. |

**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:** *Before typing in signature, verify that the content you are signing is correct.*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:** *Before typing in signature, verify that the content you are signing is correct.*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:** *Before typing in signature, verify that the content you are signing is correct.*Click or tap here to enter text. |
| **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:** *Before typing in signature, verify that the content you are signing is correct.*Click or tap here to enter text. |
| [ ]  Approved | [ ]  Revisions required |