## **Preschool IDEA Monitoring**

## **Tier 4 Improvement Plan**

**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:**  |
| **WORKLOAD/CASELOAD** |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |
| 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. |

|  |
| --- |
| **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. |
| 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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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. |
| Click or tap here to enter text. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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. |
| 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. |

|  |
| --- |
| **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. |
| 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. |

|  |
| --- |
| **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:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
| **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**

|  |
| --- |
| **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: 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. |

**Department of Children and Youth Signatures**

|  |
| --- |
| **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. |