## **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.

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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** | | | |
| 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: Workload/Caseload** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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. |
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| **Summary of Evidence Leading to Improvement:** | | | |
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| **Goal: Staff Qualifications/Credentials** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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| **Summary of Evidence Leading to Improvement:** | | | |
| Click or tap here to enter text. | | | |
| **Goal: Professional Development** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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| **Summary of Evidence Leading to Improvement:** | | | |
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| **Goal: Delivery of Services/Least Restrictive Environment** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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| **Summary of Evidence Leading to Improvement:** | | | |
| Click or tap here to enter text. | | | |
| **Goal: Child Outcomes** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** | | | |
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| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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| **Summary of Evidence Leading to Improvement:** | | | |
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| **Goal: Part C to Part B Transition** | | | |
| Click or tap here to enter text. | | | |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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| **Summary of Evidence Leading to Improvement:** | | | |
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| **Goal: ETR/IEP** | | | |
| Click or tap here to enter text. | | | |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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| **Summary of Evidence Leading to Improvement:** | | | |
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| **Goal: PSE Policies and Procedures** | | | |
| Click or tap here to enter text. | | | |
| **Activity** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Implementation Timeline** |
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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** |
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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** |
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| **Resources Needed:** | | | |
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**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. | | |

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