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| **Area for Improvement or Correction:** | **Record Correction, Technical Assistance and LMS** | | | |
| **Summary (Baseline Data and Root Cause)**: | | | | |
| **Goal**: | | | | |
| **Activity and Implementation Steps** | | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Timeline** |
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| **Resources Needed to Complete** | **Individual Responsible for Implementation** | **Individual Responsible for Supervising Implementation** |
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| **Plan for Continued Improvement** |
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| ***To be completed by OEC*** | | | | | |
| **Date Evidence Received:** |  | **Date Evidence Verified:** |  | **Reviewer Comments:** |  |

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| **Area for Improvement or Correction:** | **Internal Monitoring and Review Process** | | | |
| **Summary (Baseline Data and Root Cause)**: | | | | |
| **Goal**: | | | | |
| **Activity and Implementation Steps** | | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Timeline** |
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| **Resources Needed to Complete** | **Individual Responsible for Implementation** | **Individual Responsible for Supervising Implementation** |
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| **Plan for Continued Improvement** |
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| ***To be completed by OEC*** | | | | | |
| **Date Evidence Received:** |  | **Date Evidence Verified:** |  | **Reviewer Comments:** |  |

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| **Area for Improvement or Correction:** | **Policies, Practices and Procedures** | | | |
| **Summary (Baseline Data and Root Cause)**: | | | | |
| **Goal**: | | | | |
| **Activity and Implementation Steps** | | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Timeline** |
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| **Resources Needed to Complete** | **Individual Responsible for Implementation** | **Individual Responsible for Supervising Implementation** |
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| **Plan for Continued Improvement** |
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| ***To be completed by OEC*** | | | | | |
| **Date Evidence Received:** |  | **Date Evidence Verified:** |  | **Reviewer Comments:** |  |

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| **Area for Improvement or Correction:** | **Professional Development and Trainings** | | | |
| **Summary (Baseline Data and Root Cause)**: | | | | |
| **Goal**: | | | | |
| **Activity and Implementation Steps** | | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Timeline** |
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| **Resources Needed to Complete** | **Individual Responsible for Implementation** | **Individual Responsible for Supervising Implementation** |
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| **Plan for Continued Improvement** |
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| ***To be completed by OEC*** | | | | | |
| **Date Evidence Received:** |  | **Date Evidence Verified:** |  | **Reviewer Comments:** |  |

**Office for Exceptional Children**

**Corrective Action Plan**

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| **District** | | **IRN** | **SST Region** |
|  | |  |  |
| **Address** | | | |
|  | | | |
| **Superintendent** | **Special Education Contact** | | |
|  |  | | |
| **E-mail Address** | **E-mail Address** | | |
|  |  | | |
| **Phone** | **Phone** | | |
|  |  | | |

Click or tap to enter a date.

**Superintendent Signature** **Date**

Click or tap to enter a date.

**SST Consultant Signature** **Date**

***To be completed by Sponsor (if a community school):***

|  |  |
| --- | --- |
| **Sponsor Name** | **Sponsor Contact Person** |
|  |  |
| **Phone** | **E-mail Address** |
|  |  |

Click or tap to enter a date.

**Sponsor Signature** **Date**

***To be completed by OEC:***

Click or tap to enter a date.

**Date Received**

Click or tap to enter a date.

**ODE Reviewer Signature** **Date Approved**

**Office for Exceptional Children**

**Verification of Corrective Action Plan Completion**

***To be completed after all Corrective Action Plan activities have been completed and documentation submitted to OEC.***

**District**   **IRN** **SST Region**

**I verify that all activities included in this Corrective Action Plan have been completed.**

Click or tap to enter a date.

Special Education Director Date

Click or tap to enter a date.

Superintendent Date

Click or tap to enter a date.

Sponsor (if applicable) Date

Click or tap to enter a date.

SST Consultant Date

Click or tap to enter a date.

OEC Education Program Specialist Date