**[ ]  Corrective Action Plan** **[ ]  Strategic Improvement Plan**

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

|  |
| --- |
| **Area for Improvement or Correction:** |
| **Summary (Baseline Data):**      |
| **Goal:**      |
| **Activity and Implementation Steps** | **Evidence of Completion** | **Evidence of Improvement (Impact)** | **Timeline** |
|       |       |       |       |

**Click + to Add Activity**

|  |  |  |
| --- | --- | --- |
| **Resources Needed to Complete** | **Individual Responsible for Implementation** | **Individual Responsible for Supervising Implementation** |
|       |       |       |

|  |
| --- |
| **Plan for Continued Improvement** |
|       |

|  |
| --- |
| ***To be completed by OEC***  |
| **Date Evidence Received:** |       | **Date Evidence Verified:** |       | **Reviewer Comments:** |       |

**Click + to Add New Area**

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

|  |
| --- |
| **Address** |
|       |

|  |  |
| --- | --- |
| **Superintendent** | **Special Education Contact** |
|       |       |
| **E-mail Address** | **E-mail Address** |
|       |       |
| **Phone** | **Phone** |
|       |       |

**Superintendent Signature**       **Date**

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

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

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

**Sponsor Signature**       **Date**

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

**Date OEC Received**

**Reviewer's Notes/Comments:**

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