

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

CRITICAL QUESTION/AREA:

DATE:

<b>Improvement Plan</b>	
<b>Current Areas of Strength</b>	
<b>Improvement Areas</b>	<b>Barriers</b>
<b>SMART GOAL (Specific, Measurable, Achievable, Relevant, Time-Bound)</b>	
<b>Action Steps/Activities</b>	
<b>Person(s) Responsible</b>	
<b>Timeline</b>	
<b>Expected Outcomes</b>	

# IMPROVEMENT PLAN ENGAGE AND DEVELOP

OSDE-SES

## LEA Personnel Responsible for Implementation:

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					

## OSDE-SES Representative:

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Position</b>					

## Instructions for Completing Improvement Plan:

*Current Areas of Strength:* List the areas where your schools excels regarding services for students with disabilities.

*Improvement Areas:* List each area needing improvement. These areas will need to be addressed in the SMART Goal section. *Barriers:* List any potential barriers.

*SMART Goal:*

*What will you do to ensure that students will be provided adequate special education services?*

Develop goal(s) specific to each area of improvement that are measurable and relevant to your district staff and students' needs.

*Action Steps/Activities:* List the detailed steps that will be taken to implement the SMART Goals.

*Person(s) Responsible:* List the person(s) that will be responsible to ensure and monitor the impact of the SMART Goals.

*Timeline:* Construct a detailed timeline for the completion of each action step/activity.

*Expected Outcomes:* Describe the expected result(s) of the SMART Goals. Also, describe the evidence/documentation that will be used to measure your progress.