



IMPROVEMENT PLAN FOR SPECIAL EDUCATION

OSDE-SES

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

SCHOOL SITE:

DATE:

Improvement Plan

Current Areas of Strength

Improvement Areas

Barriers

SMART GOAL (Specific, Measurable, Achievable, Relevant, Time-Bound)

Action Steps/Activities

Person(s) Responsible

Timeline

Expected Outcomes

IMPROVEMENT PLAN FOR SPECIAL EDUCATION

OSDE-SES

Site Personnel Responsible for Implementation:

Name: _____ **Signature:** _____ **Date:** _____

Position: _____

OSDE-SES Representative(s):

Name: _____ **Signature:** _____ **Date:** _____

Position: _____

Name: _____ **Signature:** _____ **Date:** _____

Position: _____

Name: _____ **Signature:** _____ **Date:** _____

Position: _____

Instructions for Completing Improvement Plan:

Current Areas of Strength: List the areas where your school or district 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 of the SMART Goals. Also, describe the evidence/documentation that will be used to measure your progress.

Documented Created 1/19/14