

## IMPROVEMENT PLAN OSDE-SES FOR SPECIAL EDUCATION

SCHOOL DISTRICT/AGENCY:	SCHOOL YEAR:	
SCHOOL SITE:	DATE:	
Imp	provement Plan	
Current Areas of Strength		
Improvement Areas	Barriers	
SMART GOAL (Specific, Measurable, Achiev	vobla Palavant Tima-Round)	
SWART GOAL (Specific, Weasurable, Active	vable, Relevant, Time-Dound)	
Action Steps/Activities		
Person(s) Responsible		
Timeline		
<b>Expected Outcomes</b>		

## IMPROVEMENT PLAN OSDE-SES FOR SPECIAL EDUCATION

Site Personnel Responsible for Implementation:			
Name:	Signature:	Date:	
Position:			
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.