



IMPROVEMENT PLAN FOR SPECIAL EDUCATION

OSDE-SES

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

CRITICAL QUESTION/AREA:

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	OAM 5-Point Rating Scale (optional)
	5
	4
	3
	2
	1

SIR TEAM IMPROVEMENT PLAN FOR SPECIAL EDUCATION

LEA 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 you excel 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 Goal(s).

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

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

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

OAM 5-Point Rating Scale: If this plan is being used for individual team members' Other Academic Measures, translate the expected outcomes onto the 5-Point Rating Scale.