**Optional Corrective Action Plan (CAP) Template**

|  |  |  |
| --- | --- | --- |
| **District Name** | **School Name** | **Date** |
|  |  |  |
| **Staff Member Name** | **Supervisor Name** | **Plan Begin/End Dates** |
|  |  |  |

**I. Areas Identified for Improvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Areas Identified for Improvement** | **Sources of Information/Evidence** | **Corresponding Component of Evaluation Practice Instrument** **(if applicable)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**II. Goals and Professional Responsibilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area****No.** | **Demonstrable Goals** | **Staff Member Responsibilities** | **Supervisor Responsibilities** | **Completion****Date** | **Estimated Hours** |
| **1** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **2** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **3** |  |  |  |  |  |
|  |  |  |  |  |  |

***My signature below indicates that I have received a copy of this Corrective Action Plan and that I understand and contributed to its contents.***

**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**III. CAP Progress Summary**

***Interim Review of CAP Progress***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area****No.** | **Demonstrated Progress** | **Sources of Evidence** | **CAP Revisions (if applicable)** | **Review Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

***My signature below indicates that I have reviewed the information recorded in the Interim Review of CAP Progress and that I understand its contents:***

**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Summative Review of CAP Progress***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area****No.** | **Demonstrable Goals** | **Expectations****Met (Y) or****Not Met (N)** | **Sources of Evidence** | **Review Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

***My signature below indicates that I have reviewed the information recorded in the Summative Review of CAP Progress and that I understand its contents:***

**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**