

## Continuous Quality Improvement Plan

**School Year:**\_\_\_\_\_ **LEA:**\_\_\_\_\_ **School:**\_\_\_\_\_ **Teacher:**\_\_\_\_\_

**Program Type:**

☐ Voluntary Pre-K    ☐ Voluntary Pre-K (pilot)    ☐ Voluntary Pre-K (collaboration)    ☐ Title I    ☐ Locally Funded    ☐ Other: \_\_\_\_\_

**Indicator Rationale:**

☐ Regular Cycle    ☐ New teacher    ☐ Change of site location

**Directions for completing the Continuous Quality Improvement Plan**

1. Scale Items/Domain and Dimension: Cite at least 3-5 items from each instrument to be addressed.
2. Plan of Action: Develop a plan for improving those items (materials, space, supervision, training, etc.)
3. Expected Completion Date and Persons Responsible: List the expected completion date of the Plan of Action and the name of the person(s) responsible for doing so.
4. Follow-Up: List what actions/changes were made and the date of the actions/changes were made.
5. Voluntary Pre-K Directors should maintain a copy of this document and completed assessments for each VPK classroom teacher.

**CLASS Assessment:**

Assessment Completed by (name and position):\_\_\_\_\_ Date completed: \_\_\_\_\_

Teacher/Supervisor Review/Planning Date:\_\_\_\_\_

Follow-Up Date (s): \_\_\_\_\_

**ECERS-3 Assessment:**

Assessment Completed by (name and position):\_\_\_\_\_ Date completed: \_\_\_\_\_

Teacher/Supervisor Review/Planning Date:\_\_\_\_\_

Follow-Up Date (s): \_\_\_\_\_

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher:\_\_\_\_\_ Supervisor:\_\_\_\_\_

**CLASS Items to be Addressed**

**Teacher's Name:** \_\_\_\_\_

Domain and Dimension	Indicator and Behavior Markers	Plan of Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**ECERS-3 Items to be Addressed**

**Teacher's Name:** \_\_\_\_\_

<b>Scale Item Number</b>	<b>Item</b>	<b>Plan of Action (Include materials and training needed, schedule, space and supervision changes)</b>	<b>Expected Completion Date and Persons Responsible</b>	<b>Follow-Up – Please include: Changes made, date completed, time extended if needed and initials of person(s) responsible</b>

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: \_\_\_\_\_ Supervisor: \_\_\_\_\_