 **Trenton Public Schools**

 **Corrective Action Plan**

|  |  |  |
| --- | --- | --- |
| Teacher Name:  | Grade/Subject: | Building: |
| Administrator Name: | Plan Begin/End Dates: |

***Area(s) Identified for Improvement***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Areas Identified for Improvement** | **Sources of Information/Evidence** | **Corresponding *Domain/Component* of Evaluation Practice Instrument** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

***Goals and Professional Responsibilities***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Demonstrable Goals** | **Staff Member** **Responsibilities** | **Administrator** **Responsibilities** | **Completion** **Date** |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |

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

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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:***

Teacher 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:***

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the staff member’s summative evaluation rating is calculated before the end of the school year, the supervisor must work with that staff member to develop the CAP prior to September 15th of the following school year. In this case, the CAP may be created as part of the annual summative evaluation conference. If an Ineffective or Partially Effective summative evaluation rating is received after the start of the following school year, the CAP must be developed within 15 working days of the district’s receipt of the summative rating. When created as the result of the summative evaluation rating, the CAP takes the place of the required individual Professional Development Plan (PDP) until the next annual summary conference. In this case, the activities in the CAP become the priorities for the staff member’s professional learning while the CAP is in effect.*