



### 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: \_\_\_\_\_