



### Optional Corrective Action Plan (CAP) Template

<b>District Name</b>	<b>School Name</b>	<b>Date</b>
<b>Staff Member Name</b>	<b>Supervisor Name</b>	<b>Plan Begin/End Dates</b>

**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:** \_\_\_\_\_