# Action Plan: Program Improvement District/Consortium: Date:

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| --- | --- | --- | --- |
| **Theory of Action (If, Then, And Statement):**  What’s the focus or direction?  What’s the expected outcome?  **What potential implementation challenges need to be addressed?** | | | |
| **Milestone 1 (what to accomplish this year):**  **Milestone 2 (what to accomplish next year):** | | | |
| **Action Plan**  What actions/ tasks will be used to achieve this milestone?  What resources are required to implement the plan? | **Timeline**  When will the actions/ tasks  occur? | **Participation and Commitments**  Who is involved and what role do they play?  Consider Principals, CTE Team Members, Other Staff Members | Indicate completion of actions/tasks |
| **Action 1:**  **Resources Required:** |  |  |  |
| **Action 2:**  **Resources Required:** |  |  |  |
| **Action 3:**  **Resources Required:** |  |  |  |
|  | | | |
| **Evidence of Progress (How will you know the efforts are leading to success?)**  What data points/sources will be analyzed? | | | |
|  | | | |
| **End of the Year 1 Milestone Attainment Progress:**  Were the actions/tasks completed? How was the milestone accomplished (provide evidence)? | | | |
|  | | | |
| **End of the Year 2 Milestone Attainment Progress:**  Were the actions/tasks completed? How was the milestone accomplished (provide evidence)? | | | |

# Action Plan: Recruitment, Retention, & Training District/Consortium: Date:

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| **Theory of Action (If, Then, And Statement):**  What’s the focus or direction?  What’s the expected outcome?  **What potential implementation challenges need to be addressed?** | | | |
| **Milestone 1 (what to accomplish this year):**  **Milestone 2 (what to accomplish next year):** | | | |
| **Action Plan**  What actions/ tasks will be used to achieve this milestone?  What resources are required to implement the plan? | **Timeline**  When will the actions/ tasks  occur? | **Participation and Commitments**  Who is involved and what role do they play?  Consider Principals, CTE Team Members, Other Staff Members | Indicate completion of actions/tasks |
| **Action 1:**  **Resources Required:** |  |  |  |
| **Action 2:**  **Resources Required:** |  |  |  |
| **Action 3:**  **Resources Required:** |  |  |  |
|  | | | |
| **Evidence of Progress (How will you know the efforts are leading to success?)**  What data points/sources will be analyzed? | | | |
|  | | | |
| **End of the Year 1 Milestone Attainment Progress:**  Were the actions/tasks completed? How was the milestone accomplished (provide evidence)? | | | |
|  | | | |
| **End of the Year 2 Milestone Attainment Progress:**  Were the actions/tasks completed? How was the milestone accomplished (provide evidence)? | | | |

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Superintendent/Consortium Director Signature Date

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District Perkins Director Signature (if applicable) Date