 **Perkins Program Improvement Framework**

**On Time Graduation**

The Perkins Program Improvement Framework is a support tool for entities whose program performance needs improvement so that it may meet the Perkins Performance Indicator Expectations. The SD Department of Education’s CTE office is a partner in assisting entities. The goal of the framework is to review opportunities for improvement, identify realistic next steps for improvement, implement change and strengthen local CTE programming. The framework may be changed at the discretion of the CTE office to best support the entity in meeting the Perkins Performance Indicator Expectations.

This document is intended to be a living document for long term change and improvement. The document will be edited annually until the entity’s performance exceeds 90% of the Perkins Performance Indicator Expectations.

**Entity Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Fiscal Year** | **Entity’s Performance Level** | **Perkins Indicator Expectation** | **Was the performance expectation met?** |
| **Year 1** |  |  |  |  |
| **Year 2** |  |  |  |  |
| **Year 3** |  |  |  |  |
| **Year 4** |  |  |  |  |

**Year 1: Review**

**Self-Audit.** Please provide a summary of the entity’s self-audit of factors contributing to the lower-than expected performance:

**Work Plan.** Please provide a work plan as to how this need will be addressed. Please provide actionable steps not philosophical ideas. Please address the following questions: What will be done? How will it be done? Who will complete the work? Provide a timeline for each intervention.

|  |  |  |
| --- | --- | --- |
| **Plan submitted by** | **Job Title** | **Date of Submission** |
|  |  |  |
| **SD DOE Approval** |
| Accepted by:  |

**Year 2: Intensify Interventions**

Review. Please provide a summary of actions taken in the prior year and progress made.

**Work Plan.** Please provide a work plan which will intensify interventions compared to last year. Please provide actionable steps not philosophical ideas. Please address the following questions: What will be done? How will it be done? Who will complete the work? Provide a timeline for each intervention.

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| **Plan submitted by** | **Job Title** | **Date of Submission** |
|  |  |  |
| **SD DOE Approval** |
| Accepted by:  |

**Year 3: Structured Set-Aside**

**Review.** Please provide a summary of actions taken in the prior year and progress made.

**Work Plan.** Please provide a work plan which will intensify interventions and utilize a minimum of 10% of the entity’s Perkins budget allocation. Please provide actionable steps not philosophical ideas.

|  |  |
| --- | --- |
| Total Perkins budget allocation for the entity in the Year 3 fiscal year |  |
| X 10 |  |
| **Amount to be set-aside to support improvement** |  |

 Please address the following questions: What will be done? How will it be done? Who will complete the work? Provide a timeline for each intervention. Include the cost of each intervention.

|  |  |  |
| --- | --- | --- |
| **Plan submitted by** | **Job Title** | **Date of Submission** |
|  |  |  |
| **SD DOE Approval** |
| Accepted by:  |

**Year 4: Expectations Determined by the SD Dept. of Education.**

**Review. Please provide a summary of actions taken in the prior year and progress made.**

**Please discuss factors beyond the scope of the CTE Program which are believed to be limiting progress and/or keeping performance below the expectation level:**

**Please provide a proposal of next steps, interventions and resources needed to make continued progress towards meeting the Perkins Performance Expectations:**

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| --- | --- | --- |
| **Plan submitted by** | **Job Title** | **Date of Submission** |
|  |  |  |
| **SD DOE Approval** |
| Accepted by:  |

**The SD Department of Education’s CTE Team will consult with the entity to identify if/what the conditions for which the program may continue to have approved CTE programs and access to Perkins funding.**