

Continuous Quality Improvement Plan

School Year: _____ LEA: _____ School: _____ Teacher: _____

Program Type:

Voluntary Pre-K
 Voluntary Pre-K (pilot)
 Voluntary Pre-K (collaboration)
 Title I
 Locally Funded
 Other: _____

Evaluation Rationale:

Regular Cycle
 New teacher
 Change of site location

Submission:

Mid-Year Report
 End-of-Year Report

Directions for completing the Continuous Quality Improvement Plan

1. Scale Items/Domain and Dimension/Domains, Indicators, and Descriptors: Cite at least 3-5 items from each instrument to be addressed.
2. Plan of Action: Develop a plan for improving those items (materials, space, supervision, training, etc.)
3. Expected Completion Date and Persons Responsible: List the expected completion date of the Plan of Action and the name of the person(s) responsible for doing so.
4. Follow-Up: List what actions/changes were made and the date of the actions/changes were made.
5. Submit to the Early Childhood Education Division in Formstack: <https://stateoftennessee.formstack.com/forms/cqip>
6. Voluntary Pre-K Directors should maintain a copy of this document and completed assessments for each VPK classroom teacher.

CLASS Assessment (as applicable):

Assessment Completed by (name and position): _____ Date completed: _____
 Teacher/Supervisor Review/Planning Date: _____
 Follow-Up Date (s): _____

TEAM Observation (50%) Component Assessment (as applicable):

Assessment Completed by (name and position): _____ Date completed: _____
 Teacher/Supervisor Review/Planning Date: _____
 Follow-Up Date (s): _____

ECERS-3 Assessment (new teacher only in 2019-20 school year):

Assessment Completed by (name and position): _____ Date completed: _____
 Teacher/Supervisor Review/Planning Date: _____
 Follow-Up Date (s): _____

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ Supervisor: _____

CLASS Items to be Addressed

Teacher's Name: _____

Domain and Dimension	Indicator and Behavior Markers	Plan of Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ Supervisor: _____

TEAM Observation (50%) Component Items to be Addressed

Teacher's Name: _____

Domain	Indicator and Descriptor	Plan of Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up - Please include: Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ Supervisor: _____

ECERS-3 Items to be Addressed

Teacher's Name: _____

Scale Item Number	Item	Plan of Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up - Please include: Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ Supervisor: _____