



# Corrective Action Plan (CAP)

A Corrective Action Plan (CAP) is required for any active teacher who is found to be lacking in proficiency in several areas according to the evaluation instrument or through other findings by the school, as specified in the Staff Handbook. If this determination is made after the Spring Break of the current school year, the supervisor must work with that teacher to develop the CAP prior to the start of the following school year. In this case, the CAP may be created as part of the annual summative conference. If an insufficient observation result is received before the Spring Break of the current school year, the CAP must be developed within 15 working days of the post-observation conference. The CAP takes the place of the teacher's Professional Development Plan (PDP) until the requirements of the CAP are met. In this case, the activities in the CAP become the priorities for the teacher's professional learning while the CAP is in effect.

Evidence of progress will be collected by the teacher and his or her supervisor. Progress toward the identified goals for improvement must be discussed during any related post-observation conference, documented in the staff file, and reviewed at the annual summative conference. Please note that in addition to the professional development required in the CAP, teachers are also required to fulfill any requirements for professional development which the Leadership Team deems necessary to the teacher's roles and responsibilities at the school (e.g. First Aid training, Child Protection training, etc.). Moreover, the CAP does not preclude any other plans for improvement determined to be necessary by the supervisor.

## Creating the Corrective Action Plan (CAP)

A standard Corrective Action Plan should identify the following: areas for improvement, specific, demonstrable goals for each area, responsibilities of the evaluated teacher and supervisor for the plan's implementation, timelines for completion, estimates of professional development hours, and reviews of progress.

### Step I. Areas Identified for Improvement

Enter in priority order the areas of the teacher's performance identified for improvement with any corresponding details. For each area, include supporting sources of information/evidence (e.g. documentation of observation, student data, or work products). When the area of improvement is based on the domains/criteria from the Charlotte-Danielson observation instrument, the supervisor must identify the corresponding component of the evaluation instrument for each of the identified areas on the table.



## Step II. Goals and Professional Responsibilities

Enter one or more specific, demonstrable professional learning goals to address *each area* identified for improvement in Step I. For each goal, indicate the teacher's responsibilities by describing the learning activities he or she must complete. **Include activities to help the teacher transfer new learning into practice (coaching, observing other classrooms, working with a collaborative team, etc.).** Also enter the responsibilities of the supervisor for the plan's implementation. Next, enter the expected completion date for each activity. Finally, enter the estimated number of professional development hours expected to be earned upon completion of each activity. *All teachers must fulfill, at minimum, 20 professional development hours annually. A teacher's CAP goals may necessitate more than the recommended minimum 20-hour requirement.*

## Step III. CAP Progress Summary

Describe evidence of progress toward attainment of CAP requirements as collected and reviewed by the teacher and supervisor. Progress toward the identified goals for improvement must be discussed during any related post-observation conference, documented in the staff file, and reviewed at the annual summative conference or interim conferences, when applicable. Evidence may include, for example, feedback given during evaluation, student learning data, and artifacts of practice (e.g., student work products, lesson plans, classroom assessments). Append items of evidence to the CAP as necessary to document progress in addition to the information entered into this form.

### ***Interim Review of CAP Progress***

Describe the teacher's *interim* progress for each area of improvement as well as evidence reviewed, revisions made to the CAP (if applicable), and the date of each review. This may be done during observation conferences or other scheduled meetings between the teacher and supervisor.

### ***Summative Review of CAP Progress***

For each area identified for improvement, indicate if the CAP expectations were met or not met as well as the evidence reviewed. Finally, enter the summative conference date. Depending on the outcome, the supervisor will decide whether a new CAP or PDP will need to be developed for the next school year.



# Corrective Action Plan (CAP) Form

|                        |  |
|------------------------|--|
| Teacher's Name:        |  |
| Teacher's Position(s): |  |
| Supervisor's 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 | Teacher 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.*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### III. CAP Progress Summary

#### Interim Review of CAP Progress

| Area No. | Demonstrated Progress | Sources of Evidence | CAP Revisions (if applicable) | Review Date |
|----------|-----------------------|---------------------|-------------------------------|-------------|
| 1        |                       |                     |                               |             |
| 2        |                       |                     |                               |             |
| 3        |                       |                     |                               |             |

*My signature below indicates that I have reviewed the information recorded in the Interim Review of CAP Progress and that I understand its contents:*

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Summative Review of CAP Progress

| Area No. | Demonstrable Goals | Expectations Met (Y) or Not Met (N) | Sources of Evidence | Review Date |
|----------|--------------------|-------------------------------------|---------------------|-------------|
| 1        |                    |                                     |                     |             |
| 2        |                    |                                     |                     |             |
| 3        |                    |                                     |                     |             |

*My signature below indicates that I have reviewed the information recorded in the Summative Review of CAP Progress and that I understand its contents:*

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_