

Health & Human Services

Quality Improvement Plan (QIP)

PROGRAM INFORMATION

Program Name: _____ Date QIP Created: _____

GOAL

Write your goal in the space provided. For more details on how to create a measurable goal, utilize these resources.

EVIDENCE

What evidence did you use to deterimine the need for this goal?

- O Environment Rating Scales[®]
- Teaching Strategies GOLD[®]
- O Classroom Assessment and Scoring System[®]
- O Other:

TIMEFRAME

O Immediate (0-3 months) O Short Term (3-6 months) O Long Term (6 months-1 year)

ACTION STEPS

What action steps are needed to achieve this goal?

Action Steps	Person(s) Responsible	Target Date	Status
			O Not StartedO In ProgressO Completed
			O Not Started O In Progress O Completed
			O Not StartedO In ProgressO Completed



RESOURCES AND SUPPORTS

Please provide a detailed description of resources and supports needed to achieve this goal. Examples include specific materials needed, technical assistance required, professional development, etc.

GOAL REVIEW

Date of QIP Review: _____

- O I **know** I achieved this goal because:
- O I am **making progress** toward my goal and will keep implementing my Quality Improvement Plan.
- I need to **make changes** to my Quality Improvement Plan to achieve this goal by revising the goal or changing the steps.

GOAL REFLECTION

Please reflect on the ideas and strategies that you tried. What worked, what did you change, what did you learn during this process?