**School Improvement Plan** (Please check the time frame that applies)\_\_\_\_ Our plan is for the academic year

\_\_\_\_Our plan is for the calendar year

**2018-19**

Facility: Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal | Action/Activities | Person Responsible | Timelines | Indicators of Success | Status/Progress |
| 1. | a.b.c. |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**Did you write S.M.A.R.T goals?**