

# CLASSROOM LEVEL ACTION PLAN

Date:

Class:

Teacher:


District:

**Instructions:** Using the EdInsight Instructional Management System, look at the data for each of your classes. Complete the information in the fields below. You may type directly into the boxes.

 What are the **strengths** of the class?

 What are the **weaknesses** of the class?

 What is/are your **improvement goal(s)** for this class?

 How will these goals be **measured**?

 **The Action Plan:** Briefly describe your plan to accomplish the goal(s).

 **Supporting Data:** Describe the data used to build this plan. Be as specific as possible. Please attach as many sheets as necessary in order to clearly describe your plan.

By signing below, I accept this **Classroom Level Action Plan** and agree to its use.

**Teacher:** \_\_\_\_\_

**Principal:** \_\_\_\_\_