

Use TAB Key to START and to go from one field to the next

OUTCOMES PLAN FOR CONTINUOUS PROGRAM IMPROVEMENT

Service Options: ___ Center Based ___ Home Based ___ FCCH

Location: _____ Teacher: _____

Supervisor: _____ Date: _____

DOMAIN:	Indicator:
Legislatively Mandated Outcome Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data Analysis:	

STRATEGY:	PERSON (S) RESPONSIBLE	EXPECTED OUTCOME:
EXPECTED COMPLETION DATE:		ACTUAL COMPLETION DATE:

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EXPECTED COMPLETION DATE:		ACTUAL COMPLETION DATE:

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Distribution: White – Director Yellow – Supervisor Pink – Teacher