



## Optional Corrective Action Plan (CAP) Template and Sample CAP

This optional Corrective Action Plan (CAP) template is a tool to help supervisors and staff members address the statutory requirements in the TEACHNJ Act while working together to create meaningful, practical, and supportive CAPs. Use of this template is not mandated by the New Jersey Department of Education. Educators may use or modify this template or create their own. The sample CAP that follows the description and template is for a fictional teacher and has been provided for illustrative purposes only. To download a clean copy of the template alone, please visit <http://www.nj.gov/education/profdev/ipdp/TeacherCAPTemplate.doc>.

### CAP Requirements Under TEACHNJ

**Under the TEACHNJ Act, CAPs are required for all staff members rated Ineffective or Partially Effective on their last annual summative evaluation.** School administrators are encouraged to review *N.J.A.C. 6A:10-2.5* for the regulatory CAP requirements. If the staff member's summative evaluation rating is calculated before the end of the school year, the supervisor must work with that staff member to develop the CAP prior to September 15<sup>th</sup> of the following school year. In this case, the CAP may be created as part of the annual summative evaluation conference. If an Ineffective or Partially Effective summative evaluation rating is received after the start of the following school year, the CAP must be developed within 15 working days of the district's receipt of the summative rating. When created as the result of the summative evaluation rating, the CAP takes the place of the required individual Professional Development Plan (PDP) until the next annual summary conference. In this case, the activities in the CAP become the priorities for the staff member's professional learning while the CAP is in effect.

Evidence of progress will be collected by the staff member and his or her supervisor. Progress toward the identified goals for improvement must be discussed during any related post-observation conference, documented in the personnel file, and reviewed at the annual summary conference or the mid-year evaluation, when applicable (*N.J.A.C. 6A:10-2.5(g)*). Please note that in addition to the professional development required in the CAP, staff members are also required to fulfill all other professional development requirements in statute or regulation (e.g., training on blood-borne pathogens or suicide prevention). Moreover, the CAP does not preclude any other plans for improvement determined to be necessary by the supervisor.

**CAP requirements for teachers differ from those for principals and vice/assistant principals.** For instance, the School Improvement Panel (ScIP) ensures that **teachers** receive a mid-year evaluation. Rather than the ScIP, the chief school administrator/superintendent or his or her designee conducts the mid-year evaluation for **principals and vice/assistant principals** (*N.J.A.C. 6A:10-2.5*). For more information about the CAP, please visit the Department's AchieveNJ (<http://www.nj.gov/education/AchieveNJ/>) and Professional Development ([www.nj.gov/education/profdev](http://www.nj.gov/education/profdev)) websites. In particular, please read the [Overview of Teacher PDP and CAP Requirements](#) document before using these resources.

### Creating the CAP

Based on the [New Jersey Professional Standards for Teachers](#), [New Jersey's Definition of Professional Development](#), and the [New Jersey Standards for Professional Learning](#), the CAP should identify areas for improvement; specific, demonstrable goals for each area; responsibilities of the evaluated staff member and supervisor for the plan's implementation; timelines for completion; estimates of professional development hours; and reviews of progress. Instructions for using this optional CAP template are provided below. All tables may be expanded as necessary.



## Step I. Areas Identified for Improvement

Enter in priority order the areas of the staff member'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). Finally, enter the component of the district's evaluation practice instrument which corresponds to the area identified for improvement, if applicable.

## 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 staff member's responsibilities by describing the learning activities he or she must complete. **Include activities to help the staff member 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, for teachers and educational services staff, enter the estimated number of professional development hours expected to be earned upon completion of each activity. *All teachers and educational services staff must fulfill, at minimum, 20 professional development hours annually. A teacher's CAP goals may necessitate more than the recommended minimum 20-hour requirement (N.J.A.C. 6A:9C-3.4(j)).*

## Step III. CAP Progress Summary

Describe evidence of progress toward attainment of CAP requirements as collected and reviewed by the staff member and supervisor. Progress toward the identified goals for improvement must be discussed during any related post-observation conference, documented in the personnel file, and reviewed at the annual summary conference or the mid-year evaluation, 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 staff member'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.

### ***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 review date. If the CAP has been created as part of the performance evaluation cycle, a new CAP or PDP (depending on the staff member's next summative evaluation rating) will need to be created for the next cycle.



## Optional Corrective Action Plan (CAP) Template

|                          |                        |                             |
|--------------------------|------------------------|-----------------------------|
| <b>District Name</b>     | <b>School Name</b>     | <b>Date</b>                 |
|                          |                        |                             |
| <b>Staff Member Name</b> | <b>Supervisor Name</b> | <b>Plan Begin/End Dates</b> |
|                          |                        |                             |

### 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 | Staff Member 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.*

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ 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:*

Staff Member'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:*

Staff Member's Signature: \_\_\_\_\_

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



## Sample Corrective Action Plan (CAP)

Background (provided for context in this example): Mr. Rogers, a tenured teacher, has been teaching 5 years in upper elementary grades and was assigned to teach grade 4 when this CAP was created. He was rated Partially Effective in the summative performance review at the end of the 2012-13 school year. Using assessment data to differentiate instruction has been designated a school-wide, cross-curricular priority in the school professional development plan since 2012-13. Mr. Rogers has been a member of a collaborative team of 4<sup>th</sup>-grade teachers for 4 years. **The total hours in this plan exceed 20, as is permissible by statute.**

| District Name           | School Name               | Date                 |
|-------------------------|---------------------------|----------------------|
| Quality School District | Success Elementary School | 6/4/14               |
| Staff Member Name       | Supervisor Name           | Plan Begin/End Dates |
| J. Rogers               | Mary Foley                | 9/6/14 – 6/21/15     |

### I. Areas Identified for Improvement

| No. | Areas Identified for Improvement  | Sources of Information/Evidence   | Corresponding Component of Evaluation Practice Instrument (if applicable)   |
|-----|---|---|---|
| 1   | Questioning strategies and differentiation during mathematics instruction <ul style="list-style-type: none"> <li>Current strategies are not effectively eliciting evidence of student understanding of the learning objective</li> <li>Student learning data/evidence is not being used to differentiate instruction</li> </ul> | Notes from classroom observations conducted on 9/24/13 and 3/14/14 by Ms. Foley [pages 1-2 and 5-6 of online observation report];<br>Results of Student Growth Objective #1 2013-14 pre- and post-assessments reviewed by Ms. Foley | <u>Domain 3:</u> Instruction in Mathematics<br><u>Components:</u> Using Assessment in Instruction                                   |
| 2   | Guidance to students on classroom focus and standards of conduct <ul style="list-style-type: none"> <li>When interacting with peers, students are not guided to focus on the learning objective</li> <li>Standards of conduct are not clearly communicated to students</li> </ul>   | Notes from classroom observations conducted on 9/24/13, 12/2/13, and 3/14/14 by Ms. Foley [pages 1-2, 3-4 and 5-6] of online observation report]  | <u>Domain 2:</u> Classroom Environment<br><u>Components:</u> Creating Environment of Respect and Rapport; Managing Student Behavior |
| 3   | Communication with families <ul style="list-style-type: none"> <li>Mr. Rogers has not communicated with families regarding the instructional program</li> <li>There is no process for two-way communication with families of students needing extra support</li> </ul>  | No documentation of communications that staff are required to provide to Ms. Foley;<br>Notes from conferences with Mr. Rogers on 9/24/13 and 3/14/14 conducted by Ms. Foley   | <u>Domain 4:</u> Professional Responsibilities<br><u>Components:</u> Communicating with Families                                    |
| 4   | Tardiness <ul style="list-style-type: none"> <li>Mr. Rogers often arrives at work 10-20 minutes later than 7:45 a.m. required start time</li> </ul>   | Arrival times documented in 2014 by Ms. Foley   | N/A   |

Updated August 2014



| Area No. | Demonstrable Goals  | Staff Member Responsibilities   | Supervisor Responsibilities   | Completion Date              | Estimated Hours |
|----------|---|---|---|------------------------------|-----------------|
| 3        | Create communication channels to keep families well informed and promote their involvement in supporting students' mastery of content | <ul style="list-style-type: none"> <li>Develop a parent email list and send class updates on the instructional program to the parents at least bimonthly.</li> <li>Initiate email communication with families of students needing extra support.</li> </ul> | <ul style="list-style-type: none"> <li>Review a sample of parent/teacher emails.</li> </ul>               | Bimonthly Oct. through April | 1               |
| 4        | Arrive at work on time daily  | <ul style="list-style-type: none"> <li>Unless you receive prior approval for a late arrival, ensure that you arrive at work on time every day.</li> </ul>   | <ul style="list-style-type: none"> <li>Ensure ongoing monitoring of Mr. Rogers' arrival times.</li> </ul> | Ongoing                      | N/A             |

***My signature below indicates that I have received a copy of this Corrective Action Plan and that I understand and contributed to its contents.***

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### III. CAP Progress Summary

#### *Interim Review of CAP Progress*

| Area No. | Demonstrated Progress   | Sources of Evidence   | CAP Revisions (if applicable)  | Review Date |
|----------|---|---|--|-------------|
| 1        | Mr. Rogers has visited and observed a teacher once, <b>not twice</b> (as required) by the required deadline of 11/1/14. Evidence from observations and conferences in December and February shows he is not preparing high-quality questions based on data from prior assessments. Both Mr. Rogers' self-reflection and the meeting with the assistant principal demonstrate no changes in instruction and assessments in mathematics aimed at meeting this improvement goal. | <ul style="list-style-type: none"> <li>Observations and conferences 9/27/14, 12/6/14, and 2/2/15 by Ms. Foley [pages 1-6 of online observation report]</li> <li>Ms. Foley's review of assistant principal's documentation of his meeting with Mr. Rogers</li> <li>Documentation of Mr. Rogers' self-reflection on his learning reviewed by Ms. Foley</li> </ul> | <ul style="list-style-type: none"> <li>Visit and observe a teacher(s) <b>twice</b> by March 2, 2015 (teacher to be identified by an administrator or coach). Debrief with the assistant principal or coach on lessons learned.</li> <li>Read professional articles, books, etc. and reflect on the learning in your professional learning team. The math coach or supervisor will recommend publications.</li> </ul> | 2/10/15     |



| Area No. | Demonstrated Progress   | Sources of Evidence  | CAP Revisions (if applicable) | Review Date |
|----------|---|--|-------------------------------|-------------|
| 2        | <ul style="list-style-type: none"> <li>Mr. Rogers participated in all required activities by the required deadline of 9/13/14 and 9/21/14. During two observations, he successfully used several new classroom management strategies. Additional new strategies to be incorporated into instruction between February and June are written in Mr. Rogers' lesson plans.</li> </ul> | <ul style="list-style-type: none"> <li>Workshop sign-in sheet submitted to Ms. Foley;</li> <li>Documentation of lesson plans and Mr. Rogers' meeting with coach reviewed by Ms. Foley;</li> <li>Observations 9/27/14, 12/6/14, and 2/2/15 by Ms. Foley [pages 1-6 of online observation report]</li> </ul> | N/A                           | 2/10/15     |
| 3        | <ul style="list-style-type: none"> <li>Mr. Rogers is communicating with families through bimonthly email updates and email exchanges with families of students needing extra support. He must continue to improve communication with families for the remaining school year, including phone calls, as necessary, to support struggling students.</li> </ul>                      | <ul style="list-style-type: none"> <li>Review of bimonthly emails sent to families (archived on district server) by Ms. Foley</li> <li>Post-observation conference conducted by Ms. Foley 2/2/15 [pages 5-6 of online observation report]</li> </ul>   | N/A                           | 2/10/15     |
| 4        | <ul style="list-style-type: none"> <li>Mr. Rogers has been arriving at work on time.</li> </ul>   | <ul style="list-style-type: none"> <li>Documented observation of arrival times in Sept., Oct., Nov., and Jan., 2015, monitored by Ms. Foley</li> </ul>   | N/A                           | 2/10/15     |

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

**Staff Member's Signature:** \_\_\_\_\_

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





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

| <b>Area No.</b> | <b>Demonstrable Goals</b>  | <b>Expectations Met (Y) or Not Met (N)</b> | <b>Sources of Evidence</b>   | <b>Review Date</b> |
|-----------------|--|--|--|--------------------|
| <b>1</b>        | <b>Develop ability to collect and use student learning evidence to differentiate instruction in mathematics</b>                              | N  | <ul style="list-style-type: none"><li>• Classroom observations on 9/27/14, 12/6/14, 2/2/15, and 3/14/15 [pages 1-8 of online observation report]</li><li>• Results of SGO#1 2014-15 pre- and post-assessment</li><li>• Documentation of Mr. Rogers' meeting with assistant principal and coach after twice observing a teacher(s)</li><li>• Documentation of Mr. Rogers' self-reflection on learning based on interaction with coach, administrator, peers, and readings</li></ul> | 6/14/15            |
| <b>2</b>        | <b>Improve management of student behavior and peer interaction to ensure students are focused on learning</b>                                | Y  | <ul style="list-style-type: none"><li>• Workshop sign-in sheet reviewed by Ms. Foley</li><li>• Lesson plans and documentation of Mr. Rogers' meeting with coach reviewed by Ms. Foley</li><li>• Observations 9/27/14, 12/6/14, 2/2/15, and 3/14/15 by Ms. Foley [pages 1-8 of online observation report]</li></ul>   | 6/14/15            |
| <b>3</b>        | <b>Create communication channels to keep families well informed and promote their involvement in supporting students' mastery of content</b> | Y  | <ul style="list-style-type: none"><li>• Review of emails sent to families by Ms. Foley</li><li>• Conference with Mr. Rogers 3/15/15</li></ul>  | 6/14/15            |
| <b>4</b>        | <b>Arrive at work on time daily</b>  | Y  | <ul style="list-style-type: none"><li>• Documented observation of arrival times in Jan., March, April, and May 2015 monitored by Ms. Foley</li></ul>   | 6/14/15            |

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

**Staff Member's Signature:** \_\_\_\_\_

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