**FY22 CNA and IAP Team Plan**

LEA & School Name

**FY23 CNA will be completed by [date] | FY23 IAP will be completed by [date]**

# **Planning Team Members**

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| **Name** | **Title/Role** | **Responsibilities in Planning Process** |
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| **Comprehensive Needs Assessment (CNA) and Root Cause Analysis (RCA)** | | | | |
| **Task Description** | **Who Will Complete?** | **By When?** | **Mtg Date(s)/Time(s)** | **Status [not started, in progress, completed] + Date + any relevant notes** |
| Determine CNA ratings for all Principles and Indicators based on data and evidence |  |  |  |  |
| Identify Principles and Indicators with lowest scores and prioritize 3-4 Primary Needs. |  |  |  |  |
| Enter Indicator scores into GME (Principles 1-6 Required) |  |  |  |  |
| (optional) Enter Data into Data Tabs in GME |  |  |  |  |
| Complete Fishbones (Root Cause Analysis) for each Primary Need  *\*reminder: If TSI, subgroups must be clearly represented in RCA/fishbones* |  |  |  |  |
| Upload Fishbone documents in GME (related documents; 3 required) |  |  |  |  |
| Enter Final CNA Summary in GME |  |  |  |  |
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| **Integrated Action Planning** | | | | |
| **Task Description** | **Who Will Complete?** | **By When?** | **Mtg Date(s)/Time(s)** | **Status [not started, in progress, completed] + Date + any relevant notes** |
| Determine evidence-based strategies and practices that will support the achievement of the desired outcomes from the root cause analyses. |  |  |  |  |
| Develop all required Impact SMART goals based on your School Improvement Classification (student impact goals; “what”) |  |  |  |  |
| Develop several Process SMART goals (implementation goals; “how”) |  |  |  |  |
| Complete a Principle Summary Box for each identified Primary Need in GME IAP |  |  |  |  |
| Determine Evidence-Based Strategies that will support the achievement of the desired outcome and SMART goal(s) and enter in GME IAP |  |  |  |  |
| Determine Action Steps that will lead to the implementation of evidence-based strategies and enter in GME IAP (include the title, description, person responsible, and timeline) |  |  |  |  |
| Determine Monitoring and Evaluation Action Steps for each Strategy |  |  |  |  |
| Apply all required program and funding tags to all action steps associated with school improvement classifications and grant applications |  |  |  |  |
| **(For Non-Title I Schools)**  Disregard notes about GME specifics. Email your Specialist all finalized planning documentation (CNA, Fishbones, IAP). |  |  |  |  |
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