



# Quality Improvement Plan (QIP)

## Program Information

Program Name: \_\_\_\_\_ Date Created: \_\_\_\_\_

## Goal

Write your goal in the space provided. For more details on how to create a measurable goal, please see the [Bright & Early ND website](#) for additional resources.

## What evidence did you use to determine the need for this goal?

- Environment Rating Scales®
- Teaching Strategies GOLD®
- Classroom Assessment and Scoring System®
- Other:

## Timeframe

- Short Term (0-6 months)       Long Term (6 months- 1 year)

## What action steps are needed to achieve this goal?

Action Steps	Person(s) Responsible	Target Date	Status
			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed
			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed
			<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed

## What resources or supports are needed to achieve this goal?

Please provide a detailed description. Examples include specific materials needed, technical assistance required, professional development, etc.

## Goal Review

Date of Review:

- I **know** I achieved this goal because:
- I am **making progress** toward my goal and will keep implementing my Quality Improvement Plan.
- I need to **make changes** to my Quality Improvement Plan to achieve this goal by revising the goal or changing the steps.

## Goal Reflection

Please reflect on the ideas and strategies that you tried. What worked, what did you change, what did you learn during this process?