**CORRECTIVE ACTION PLAN**

**Clarksville-Montgomery County School System**

**Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROBLEM:**

Click or tap here to enter text.

**GOAL:**

Click or tap here to enter text.

**STRATEGIES:**

Click or tap here to enter text.

**REQUIRED EVIDENCE OF COMPLETION:**

Click or tap here to enter text.

**PROJECTED COMPLETION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESULTS AND NEXT STEPS:**

Click or tap here to enter text.

 **A copy of this document will be stored in the employee’s district personnel file.**

**ACKNOWLEDGEMENT SIGNATURES:**

**EMPLOYEE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_

**SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**