** ABE Program Improvement Goals and Strategies **

**Program Improvement Process**

***Instructions:***

1. Review your **completed Program Analysis Worksheet**.
2. Complete this worksheet with your program staff.
3. Submit this worksheet along with your Program Improvement Plan to brad.hasskamp@state.mn.us, due February 1.
4. If you have any questions, contact Brad Hasskamp at brad.hasskamp@state.mn.us.

|  |  |
| --- | --- |
| **ABE Consortium Name** |  |
| **Consortium Fiscal Agent** |  |
| **ABE Consortium Manager** | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **People developing the program improvement strategies** |  |

|  |  |
| --- | --- |
| **Develop SMART program improvement goals and strategies for your consortium, based on a review of your consortium’s Program Analysis.** | **SMART** goals are:* **S**pecific – *What? Why? How?*
* **M**easurable – *How will we measure progress & know when we’ve achieved the goal?*
* **A**ttainable - *Is the goal challenging but still possible to achieve?*
* **R**ealistic – *Is this goal do-able?*
* **T**ime-bound – *What is our timeframe for this goal?*
 |

**Top Five Goals for Program Improvement**

|  |  |
| --- | --- |
| **#** | **SMART Goals Identifying Change or Area of Improvement** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**Brainstorm Program Improvement Strategies: How will we address the goals?**

|  |  |
| --- | --- |
| **Goal 1** |  |
| **Strategy** | **Led By** | **Who Is Involved** | **Resources Needed** | **Timeline** | **Outcome(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Goal 2** |  |
| **Strategy** | **Led By** | **Who Is Involved** | **Resources Needed** | **Timeline** | **Outcome(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Goal 3** |  |
| **Strategy** | **Led By** | **Who Is Involved** | **Resources Needed** | **Timeline** | **Outcome(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Goal 4** |  |
| **Strategy** | **Led By** | **Who Is Involved** | **Resources Needed** | **Timeline** | **Outcome(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Goal 5** |  |
| **Strategy** | **Led By** | **Who Is Involved** | **Resources Needed** | **Timeline** | **Outcome(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Action Plan: Developing a Program Improvement Timeline**

*Using the strategies you developed, create a program improvement timeline to help guide the program and staff in the process. Be sure to track what you are doing to help increase your program’s performance and students’ success.*

| **Month** | **Strategy/Activity (What our program staff did…)** | **Referring to (Goal #)**  |
| --- | --- | --- |
| Before May  |  |  |
| May  |  |  |
| June  |  |  |
| July  |  |  |
| August  |  |  |
| September  | Complete Program AnalysisAttend Program Improvement Workshop |  |
| October  |  |  |
| November  |  |  |
| December |  |  |
| January  |  |  |
| February  | 1: Program Improvement Plan due (submitted electronically to the Minnesota Department of Education) |  |
| March  |  |  |
| April  |  |  |
| May  |  |  |
| After May |  |  |