**Corrective Action Plan (CAP) Guidance 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. A downloadable blank copy of the template can be found [here](https://www.nj.gov/education/profdev/pdp/ipdp/).

**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 October 31st 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 25 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 (PD) required in the CAP, staff members are also required to fulfill all other PD 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 the fidelity of the CAP is upheld for **teachers**, such as verifying that all teachers on CAPsreceive a mid-year evaluation. Please note, those teachers on CAPs must retain their anonymity in all ScIP discussions. 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).

**Creating the CAP**

Based on the [New Jersey Professional Standards for Teachers](https://www.state.nj.us/education/code/current/title6a/chap9.pdf), [New Jersey’s Definition of Professional Development](https://www.state.nj.us/education/code/current/title6a/chap9c.pdf) and the [New Jersey Standards of Professional Learning](https://www.state.nj.us/education/code/current/title6a/chap9c.pdf), 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 PD 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 PD hours expected to be earned upon completion of each activity. *All teachers and educational services staff must fulfill, at minimum, 20 PD 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**

|  |  |  |
| --- | --- | --- |
| **District Name** | **School Name** | **Date** |
|  |  |  |
| **Staff Member Name** | **Supervisor Name** | **Plan Begin/End Dates** |
|  |  |  |

**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** |  |  |  |  |

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**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample Corrective Action Plan (CAP)**

Background: Provided as context for this example. The following hypothetical goals and corresponding professional learning activities are for a tenured teacher, who has been teaching 8 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 2022-2023 school year. Each of the two goals are aligned to [New Jersey Professional Standards for Teachers](https://www.state.nj.us/education/code/current/title6a/chap9.pdf), [New Jersey’s Definition of Professional Development](https://www.state.nj.us/education/code/current/title6a/chap9c.pdf) as well as the following [New Jersey Standards of Professional Learning](https://www.state.nj.us/education/code/current/title6a/chap9c.pdf):

1. Curriculum, Assessment and Instruction (Goal 1)
2. Evidence (Goals 1 and 2)
3. Learning Designs (Goal 1)
4. Implementation (Goals 1 and 2)
5. Culture of Collaborative Inquiry (Goals 1 and 2)
6. Leadership (Goals 1 and 2)
7. Resources (Goals 1 and 2)

|  |  |  |
| --- | --- | --- |
| **District Name** | **School Name** | **Date** |
|  |  |  |
| **Staff Member Name** | **Supervisor Name** | **Plan Begin/End Dates** |
|  |  |  |

1. **Areas Identified for Improvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Areas Identified for Improvement** | **Sources of Information/Evidence** | **Corresponding Component of Evaluation Practice Instrument** **(if applicable)** |
| 1 | Guidance to students on classroom focus and standards of conduct:* When interacting with peers, students are not guided to focus on the learning objective.
* Standards of conduct are not clearly communicated to students.
 | Notes from classroom observations conducted on 9/22, 12/1, and 3/14 by the supervisor [pages 1-6 of online observation report]. | Domain 2: Classroom EnvironmentComponents: Creating Environment of Respect and Rapport, Managing Student Behavior  |
| **2** | Communication with families* The teacher has not communicated with families regarding the instructional program.
* There is no process for two-way communication with families of students needing extra support
 | No documentation of communications that staff are required to provide to the supervisor.Notes from conferences with the teacher on 9/29 and 3/17 conducted by their supervisor. | Domain 4: Professional Responsibilities Components: Communicating with Families |

**II. Goals and Professional Responsibilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area****No.** | **Demonstrable Goals** | **Staff Member Responsibilities** | **Supervisor Responsibilities** | **Completion****Date** | **Estimated****Hours** |
| 1 | Improve management of student behavior and peer interaction to ensure students are focused on learning | * Attend classroom management workshop provided by the district professional development office.
* Review relevant teacher practice instrument components and discuss strategies for implementation with a coach or administrator.
 | * Ensure the teacher has an opportunity to attend the classroom management workshop.
* Ensure the teacher has access to the teacher practice instrument and the opportunity to meet with a coach or administrator.
 | Ongoing | 6 |
| 2 | Create communication channels to keep families well informed and promote their involvement in supporting students’ mastery of content. | * Seek out professional learning activities which focus on successful communications approaches.
* Implement new strategies and discuss their effectiveness with your supervisor.
 | * Ensure the teacher has regular opportunities to participate in professional learning activities.
 | Ongoing  | 6 |

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**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 | * The teacher participated in all required activities by the required deadline of October 1. 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 the teacher’s lesson plans.
 | * Workshop sign-in sheet submitted to their supervisor.
* Documentation of lesson plans and teacher’s meeting with coach reviewed by their supervisor.
* Observations 10/4, 12/6, and 2/2 by their supervisor [pages 1-6 of online observation report].
 | N/A | 2/8 |
| 2 | * The teacher 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.
 | * Review of bimonthly emails sent to families (archived on district server) by their supervisor.
* Post-observation conference conducted by their supervisor on 2/8 [pages 5-6 of online observation report].
 | N/A | 2/15 |

***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***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area****No.** | **Demonstrable Goals** | **Expectations****Met (Y) or****Not Met (N)** | **Sources of Evidence** | **Review Date** |
| 1 | Improve management of student behavior and peer interaction to ensure students are focused on learning. | Y | * Workshop sign-in sheet reviewed by their supervisor.
* Lesson plans and documentation of the teacher’s meeting with coach reviewed by their supervisor.
* Observations 10/4, 12/6, 2/24, and 3/13 by their supervisor [pages 1-8 of online observation report].
 | 6/14 |
| 2 | Create communication channels to keep families well informed and promote their involvement in supporting students’ mastery of content. | Y | * Review of emails sent to families by Ms. Foley.
* Conference with their supervisor 3/19.
 | 6/14 |

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**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**