Continuous School Improvement Plan

ACSI ACCREDITED
ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL

Name of School: _____ City: _____ State: _____

Area of Improvement #1				
Goal:			**Time Frame:**	
Actions	**Who Is Responsible?**	**Resources Needed**	**Action Due Date**	**Evidence of Progress**
Communication to Constituents:				
Expected Schoolwide Learning Outcome Result(s) Addressed:				

Area of Improvement #2				
Goal:			**Time Frame:**	
Actions	**Who Is Responsible?**	**Resources Needed**	**Action Due Date**	**Evidence of Progress**
Communication to Constituents:				
Expected Schoolwide Learning Outcome Result(s) Addressed:				

Area of Improvement #3				
Goal:			**Time Frame:**	
Actions	**Who Is Responsible?**	**Resources Needed**	**Action Due Date**	**Evidence of Progress**
Communication to Constituents:				
Expected Schoolwide Learning Outcome Result(s) Addressed:				

Area of Improvement #4				
Goal:			**Time Frame:**	
Actions	**Who Is Responsible?**	**Resources Needed**	**Action Due Date**	**Evidence of Progress**
Communication to Constituents:				
Expected Schoolwide Learning Outcome Result(s) Addressed:				