

Quality Action Plan

Grantee: _____ Goal: _____ Objective: _____

Site: _____ QAP is for the... Program Site _____

OUTCOME MEASURE: <i>(What does success look like? Specific and Supportive; Measureable and Meaningful; Attainable and Actionable; Realistic and Relevant; Time-Bound and Teachable)</i>				
MEASUREMENT: <i>(How will you measure progress?)</i>	<input type="checkbox"/> PQA Scale or Item: _____ <input type="checkbox"/> Leading Indicator: _____ <input type="checkbox"/> Youth Measure (DESSA,DAP): _____		<input type="checkbox"/> Local Evaluation Report: _____ <input type="checkbox"/> School Data (Attendance, Behavior, Grades): _____ <input type="checkbox"/> Other (specify): _____	
PROGRESS CHECKS: <i>(When will you check in to be sure you're on track to meet your goal, or to make adjustments to your plan?)</i>				
Lead Staff: <i>Who is the primary person responsible for ensuring that the plan is followed?</i>				
ACTION STEPS: <i>(What needs to happen?)</i>	RESULTS: <i>(When this step is completed, what will be done?)</i>	LEADER: <i>(Who will be responsible?)</i>	RESOURCES: <i>(What is needed for success?)</i>	TIMELINE: <i>(When will this step be completed?)</i>