

Plan of Action
Early Childhood Environment Rating Scale (ECERS)
Early Language and Literacy Classroom Observation (ELLCO)

LEA: _____ **School:** _____ **School Year:** _____

Teacher: _____

Program Type:

Voluntary Pre-K Voluntary Pre-K (pilot) Voluntary Pre-K (collaboration) *OPTIONAL:* Title I Locally Funded

Indicator Rationale:

Regular Cycle or Follow up Year Submit Plan with Year-end Report to Education Consultant
New teacher or Change of site location Submit Plan to Education Consultant by January 15

ECERS Assessment:

Assessment Completed by: _____ Position: _____

Date completed: _____

Teacher/Supervisor Review/Planning Date: _____

Follow-Up Date (s): _____

ELLCO Assessment: 2002 Instrument 2008 Instrument

Assessment Completed by: _____ Position: _____

Date completed: _____

Teacher/Supervisor Review/Planning Date: _____

Follow-Up Date (s): _____

Directions for Completing Environment Rating Scale and the Early Language and Literacy Classroom Observation

Scale Items: Cite at least 3-5 items for each instrument to be addressed

Plan of Action: Develop a plan for improving that item (materials, space, supervision, training, etc.)

Expected Completion Date and Persons Responsible: List the expected completion date of the Plan of Action and the name of the person(s) responsible for doing so.

Follow-Up: List what actions/changes were made and the date of the actions/changes were made.

NOTE: A copy of this form and the completed assessment tool should be kept in the classroom.

ECERS Items to be Addressed

Teacher's Name _____

Scale Item Number	Issue	Plans for Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up – Please include: Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ **Supervisor:** _____

ELLCO Items to be Addressed

Teacher's Name _____

Scale Item Number	Issue	Plans for Action (Include materials and training needed, schedule, space and supervision changes)	Expected Completion Date and Persons Responsible	Follow-Up Changes made, date completed, time extended if needed and initials of person(s) responsible

Signatures requested on initial plan – initials for follow-up (see Follow-Up column)

Teacher: _____ **Supervisor:** _____