BNATP Code & Name Prepared by Name & Title DATE: [mm/dd/yyyy]

DATES OF PROG CLUSTER SCORES REPORT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification and Rationale | Goals and Measures | Monitoring Method(s) | Responsible  Party | Evaluation |
| Based on the Annual (12 month) Program Cluster Score Report, identify mean score below 80%, OR,  any Test Content Cluster Area score below 75%, regardless of mean score.  State rationale(s) for mean score below 80%.  State rationale(s) for each Test Content Cluster score below 75%.  NOTE:  Corrective Action Plan must be submitted to the Department within 30 days of receipt of the Annual Program Cluster Score Summary Report.  Submit to:  Illinois Department of Public Health  Education & Training Unit  525 W. Jefferson, 4th Floor  Springfield, IL 62761 Fax: 217 – 557 – 3363 Email: dph.bnatp@illinois.gov \*\*do not mail\* | State overall goal(s) for mean score below 80%.  State goal(s) for each specific Test Content Cluster Area score below 75%, regardless of mean score.  List and explain measure(s) to be implemented or systemic changes to be made to ensure that the low score(s) will not recur. | Indicate how the program plans to monitor its performance to ensure that implementation of the corrective action plan occurs and is maintained.  Attach a sample of program’s monitoring form, if used. | Indicate who is responsible to implement the corrective action plan.  Indicate who is responsible to monitor for compliance. | Identify how the corrective actions will be evaluated.  Attach a sample of program’s evaluation form, if used. |

BNATP Code & Name Prepared by Name & Title DATE: [mm/dd/yyyy]

DATES OF PROG CLUSTER SCORES REPORT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification and Rationale | Goals and Measures | Monitoring Method(s) | Responsible  Party | Evaluation |
|  |  |  |  |  |