

Office of English Language Proficiency

Oklahoma State Department of Education

2500 North Lincoln Boulevard

Oklahoma City, Oklahoma 73105

(405) 522-5073

oelp@sde.ok.gov

**OKLAHOMA**
Education

Corrective Action Plan (CAP)

This plan must be completed by the erring district in situations where a lapse in the execution of state policy occurred in the (1) student's initial English Learner (EL) identification, (2) required EL parental notification, (3) provision of EL services and supports, (4) administration of the English Language Proficiency assessment, or (5) correct coding of the student in the local student information system.

School Year	County #	District #	School District Name
-------------	----------	------------	----------------------

CAP Implementation Supervisor Name

CAP Implementation Supervisor Title

Superintendent Signature

Valid signatures include handwritten signatures or verified digital/e-signatures. Typed signatures are not permitted.

Superintendent Signature Date

Description of the Situation

Briefly describe the situation and identify the area of state policy in which the error occurred (1-5 above). Provide the STN(s) involved in the situation. When multiple STNs are listed, this Corrective Action Plan may be applied individually to each student.

Corrective Action(s)

Describe the steps taken to address the lapse in execution described above and how those steps ensure a similar situation will not occur in the future.

Activities to Support the Corrective Action(s)

Describe how the corrective action(s) described above will be supported by the district (e.g., ongoing development of written policies and procedures, annual professional development (PD), workshops, trainings, etc.).

Resources and Materials

Describe any supplemental resources or materials necessary to assist local personnel in implementing the corrective action(s) described above (if applicable).

THIS SECTION FOR OELP USE ONLY

Date CAP Received

Reviewer's Signature

Date CAP Approved by Reviewer

Supervisor's Signature

Date CAP Approved by Supervisor