

CLASS Action Plan

Classroom:					Date:				
Most Current CLASS Score									
PC	NC	TS	RSP	BM	P	ILF	CD	QF	LM
Classroom Strengths:					Classroom Area of Needed Support:				
Additional Resources Needed:					Additional Training Needed:				
Previous Relevant Training:									
Identified Training Needs:									
Topic		Due Date		Completion Date		Signature			

Teacher Signature and Date

Supervisor Signature and Date

Teacher Assistant Signature and Date