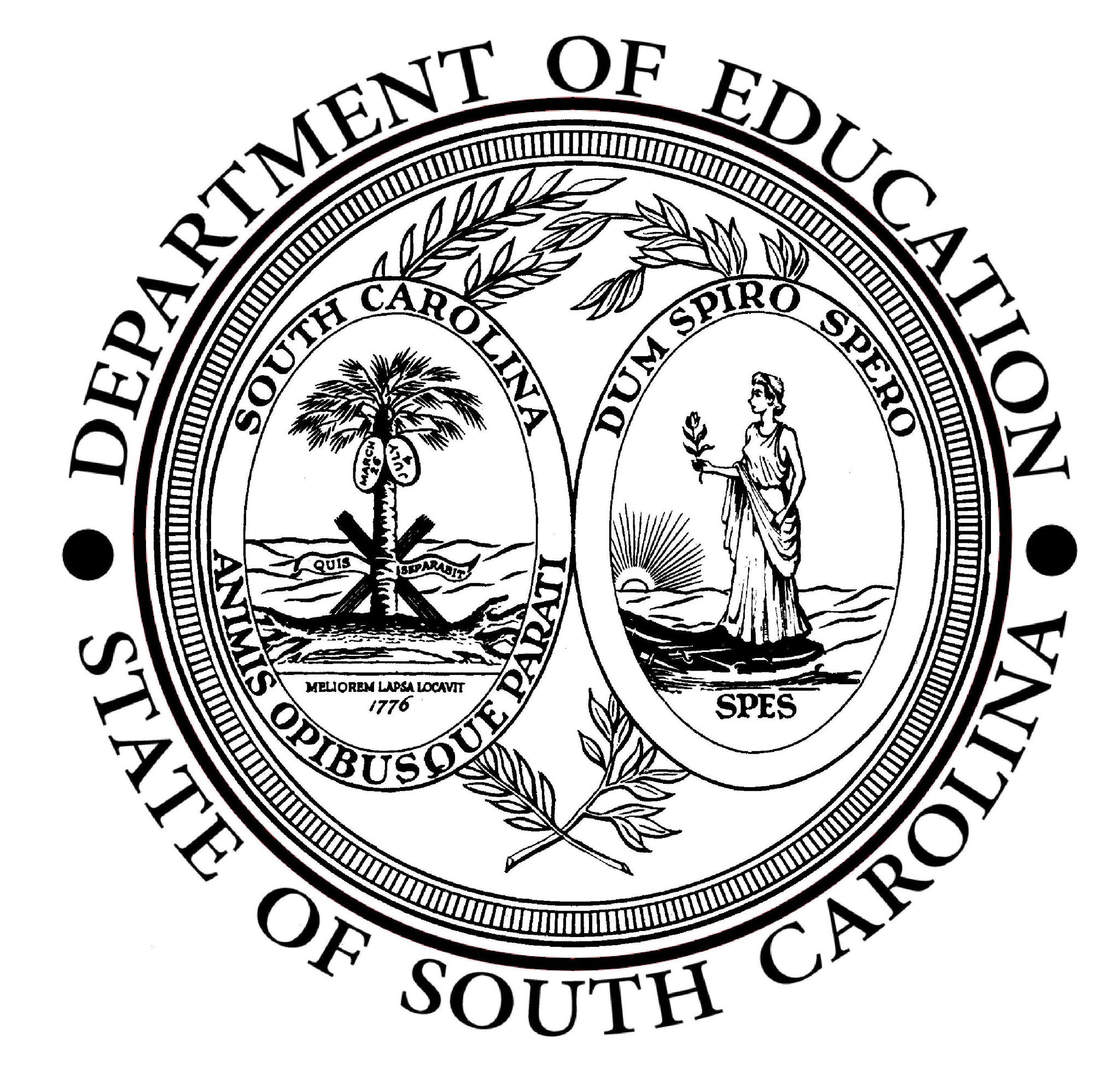
**OFFICE OF CAREER AND TECHNICAL EDUCATION**

## **LOCAL IMPROVEMENT PLAN**



**Date:**

**District/Multi-District Career Center Name:**

**Signature:**

District Superintendent or Multi-District Career Center Director

**District Level Contact Person:**

**Telephone Number:**

**Perkins Indicator(s) Not Met:**

|  |  |  |  |
| --- | --- | --- | --- |
| PROBLEM TO BE ADDRESSED | SPECIFIC ACTION TAKEN (special consideration **must** be given to any performance gaps in subgroups identified in annual performance results) | DATES FOR IMPLEMENTATION | PERSON(S) RESPONSIBLE |
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