



**Self Assessment Quality Improvement Plan**

Completion of this QUALITY IMPROVEMENT PLAN is a requirement of participants in the STAR Program.

**What is SELF-ASSESSMENT?**

Self-assessment is a way to reflect upon your own practices using outcome indicators as your guide. Please do not think of self assessment as "judging" yourself—to condemn nor praise your efforts. Instead, think of self assessment as a way to look reflectively, objectively as possible, at the "truth" using the defined indicators. In self-assessment, you are essentially asking yourself, "What do I see versus what should I see?"

**Why should I assess myself?**

Self-assessment—or self-reflection—promotes learning. Self-assessment is a way to become more aware of yourself and your practices. When you use self-assessment as part of overall quality improvement, you will learn to step back from your work, use accepted standards of program quality to guide your observation and reflection, and set personal goals based on what you have observed and reflected upon. When you assess yourself, only you see your results. When you assess yourself honestly, you can use the results to better your program and your practices.

**Why write a Quality Improvement Plan?**

Writing down your goals is a powerful success tip in order to actually achieve them. The basic reason why you want to write down your goals is because it will have several useful side effects: It will cause you to get very specific about what you want to accomplish, rather than just having a "vague idea". By keeping goals written down somewhere that you will see them on a regular basis, you will be continually reminded of what you should be focusing on. You will be able to use your written down goals in order to "reprogram" yourself for success.

**Prior to completing this Quality Improvement Plan, every applicant must meet two requirements:**

- 1. Applicant must complete a self assessment.** The self assessment requirement may be met from one of the following. Please check the box indicating how you have met the self assessment requirement:
  - ECERS-R - Early Childhood Environment Rating Scale - Revised
  - ITERS-R - Infant-Toddler Environment Rating Scale - Revised
  - FDCRS - Family Day Care Rating Scale
  - SACERS - School-Age Care Environment Rating Scale
- 2. Applicant must meet with a his/her Professional Growth Advisor** for approval of their Quality Improvement Plan.

**Applicant Name:** \_\_\_\_\_

**# and ages of children in class/program:**  
\_\_\_\_ 0-2 yrs/24months \_\_\_\_ 2 to 3 yrs (24-36mo) \_\_\_\_ 3 to 5 yrs (37 mo to Kindergarten entry) \_\_\_\_ school age

## IMPROVEMENT PLAN

Which area/s have you selected for improvement (circle all that apply)?

I. Space & Furnishings

II. Personal Care Routines / Health & Safety

III. Listening & Talking / Language & Reasoning

IV. Activities

V. Interaction

VI. Program Structure

VII. Parents, Provider & Staff / Staff Development

What was the most difficult part about rating your classroom/yourself in this/these area/s?

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In your opinion, what needs to be improved the most in this/these area/s? (reference area/s of improvements) *(If more space is needed, please write on back)*

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What specific steps will you take to make improvements in this area? *(If more space is needed, please write on back)*

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In general, what action(s) will assist you in making improvements in this area? (check all that apply)

- Obtain training
- Obtain new/different materials
- Change classroom schedule
- Change room arrangement
- Get help from a co-worker/supervisor to make a change
- Change my behavior
- Other \_\_\_\_\_

Your advisor's signature indicates their agreement with your plan.

Advisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_