

**CLASSROOM SELF-ASSESSMENT ACTION PLAN FOR STEP UP TO QUALITY (SUTQ)**

Program Name		Program License Number	
Name of Classroom/Group		Teacher's Name	
<i>All Three to Five-Star Rated programs must complete this section</i>			
Name of classroom self-assessment tool		Area of self-assessment tool identified for improvement	
Goal(s)			
Timeframe for goal completion			
Actions steps planned to achieve goal			
Signature of Lead Teacher Completing Form		Date	
<i>This section must include goal updates based on progress throughout the year for programs attempting extra points for the Four or Five-Star Rating.</i>			
Describe progress towards goal(s)			
Identify challenges and how those challenges were addressed			
Outline adjustment to goals (if needed)			
Signature of Lead Teacher Completing Update		Date Updates Noted	