

# FORM C

## Responsibility Plan (To be completed for each responsibility)

Name \_\_\_\_\_

1. Responsibility \_\_\_\_\_  
Number Title

2. Check identified area:

- \_\_\_\_\_ District School Improvement Plan Goal # \_\_\_\_\_
- \_\_\_\_\_ District Curriculum Development Plan Approval Form G \_\_\_\_\_
- \_\_\_\_\_ District Professional Development Plan Goal # \_\_\_\_\_
- \_\_\_\_\_ Missouri School Improvement Plan
- \_\_\_\_\_ Instructional Improvement

Explain how this responsibility relates to identified area \_\_\_\_\_

3. Specific action to be completed for designated responsibility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Projected final completion date and procedure for verification:

Check appropriate verification

Date \_\_\_\_\_ Form D \_\_\_\_\_ Grade Report \_\_\_\_\_ Other \_\_\_\_\_  
Available upon request Explain

5. Estimated number of hours required to complete responsibility \_\_\_\_\_