BUREAU OF CAREER AND TECHNICAL EDUCATION

**PERKINS CORRECTIVE ACTION PLAN AND STATUS UPDATE**

**2017-18**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School District/CTC Name:** |  |  | **Chief School Administrator:** |  |
| **Perkins Contact:** |  |  | **Perkins Contact Email:** |  |
| **Perkins Contact Telephone Number:** |  |  | **Date of Review:** |  |
| **BCTE Perkins Coordinator:** |  |  | **BCTE Perkins Coordinator Email:** |  |

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| **Corrective Action Plan must be returned to the Perkins office within 30 days of receipt.** |
| **Mail to:**  | **BCTE/Perkins****PA Department of Education****333 Market Street, 11th Floor****Harrisburg, PA 17126** |

| **CORRECTION CITED ON PERKINS MONITORING COMPLIANCE REPORT** | **PLAN TO ADDRESS** | **BY WHOM** | **BY WHEN** | **ACCEPTABLE BY PDE** | **PDE RESPONSE** | **STATUS UPDATE (PDE USE ONLY)** |
| --- | --- | --- | --- | --- | --- | --- |
| **YES** | **NO** |
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