

**School Board of Brevard County
 Career and Technical Education
 Industry Certification
 Corrective Plan of Action**

School: _____

Date: _____

Program: _____

Standard Number	Standard Not Met	Describe the Corrective Action(s)	Due Date	Person Responsible	Date of Completion	Verification CTE/RT

▪ **I agree with the Corrective Plan of Action.**

Instructor's Signature _____ Date _____

Principal's Signature _____ Date _____

▪ **All required standards have been satisfied.**

Principal's Signature _____ Date _____

CTE Director's Signature _____ Date _____