

**Florida Department of Education  
Professional Development System Evaluation Protocol  
Action Plan for Improvements**

<b>District:</b>	<b>Contact Name:</b>	<b>Date of Initial Review:</b>	<b>Date Action Plan Submitted:</b>
	<b>Address:</b>	<b>Phone: Fax:</b>	<b>E-mail:</b>
<b>Standard:</b>			<b>Rating</b>
<b>Action Planning Tasks</b>		<b>Person Responsible</b>	<b>Implementation Dates</b>
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