**Incident Reduction Plan (IRP)**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BEDS Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Superintendent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please identify **three or four factors** that contributed to the school’s designation as Persistently Dangerous (PD). Based on the identified factors, establish **three or four actionable and measurable goals** that will address the factors contributing to the PD designation. The accomplishment of the identified actions and goals should enhance and/or improve the safety of students and school personnel while nurturing a positive learning environment, climate, and culture.

**This plan should include periodic reviews, ongoing monitoring, measured outcomes, and data collection used to assess the impact of the IRP implementation and establish next steps to achieve and sustain the desired results/goals.**

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| **Complete numbers 1-4 at the beginning of school year and submit to NYSED by September 15, 2017** | | | |  | **Complete numbers 5 &6 at the end of school year and submit to NYSED by July 13, 2018** | |
| ***1.***  ***Goals***  ***Three or four actionable and measurable goals to implement*** | ***2.***  ***Time Line***  ***Start and end date of each action*** | ***3.***  ***Expected Outcome***  ***What will change as goals are implemented?*** | ***4.***  ***Evaluation Strategy***  ***How, and how often, will progress be reviewed?*** | **E**  **N** | ***5.***  ***Progress to date***  ***Actual measured outcome (provide data) of each implemented goal*** | ***6.***  ***Next Steps***    ***New goals, or additional planning to sustain positive results of goal(s)*** |
|  |  |  |  | **D** |  |  |
|  |  |  |  | **O**  **F** |  |  |
|  |  |  |  | **Y**  **E** |  |  |
|  |  |  |  | **A**  **R** |  |  |