

PDSA Form

Please complete all information and answer each question

NAME:	DEPARTMENT:	DATE:
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STUDY	What needs to be improved and what specific outcome needs to occur?					
	What is the current condition and data that supports the need for improvement?					
	Who are the <u>direct</u> customers of the improvement and how will this benefit them?					
	Alignment---What District priority does this improvement support?					
	Strategic Plan Goal #					
Department Plan Goal #						
PLAN	Strategy---					
	<ul style="list-style-type: none"> What is the general approach to achieving the outcome? What resources may be needed and who else will be involved? When and how will the improvement be evaluated for results? 					
DO	Steps	Actions to Accomplish Plan	Person Responsible	Results	Action Step Completion Date	
	# 1					
	# 2					
	# 3					
	Will this require fiscal resources? <input type="checkbox"/> YES <input type="checkbox"/> NO				Estimate cost	\$
	Will this require human resources? <input type="checkbox"/> YES <input type="checkbox"/> NO				Estimate cost	\$
STUDY	What were the accomplished improvements and outcome results?			What was the impact of the improvement on the direct customers?		
ACT	How can this be refined or improved?					
	Will this require fiscal resources? <input type="checkbox"/> YES <input type="checkbox"/> NO				Estimate cost	\$
	Will this require human resources? <input type="checkbox"/> YES <input type="checkbox"/> NO				Estimate cost	\$
	Can the improvement be transferred to other areas of the organization? If so, how?					
	What modifications/refinements will be put in place for the next improvement cycle?					

	When will this be evaluated again and by whom?
	How will you involve Instructional Council in prioritizing site-based budget to meet these needs?