



SCHOOL NAME \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_  
TITLE IX CORRECTIVE ACTION PLAN

**DIRECTIONS:**

1. For Column 1, indicate the intended area (Opportunities or Benefits) which needs corrective action in order to achieve gender equity. For Column 2, write the suggested change or activities that will correct the area in need of alteration. For Column 3, include the estimated completion date for the changes or activities.
2. It is possible to attain compliance with Title IX and no longer need "corrective" action. However, the KHSAA strongly encourages compliant schools to identify items for improvement (Column 1), activities to accomplish the improvement (Column 2) and a timetable for completion (Column 3) that will strengthen the athletic program.
3. You may copy this form as needed. Please attach corrective action plans along with audit forms and submit with the annual report.

COLUMN 1	COLUMN 2	COLUMN 3
SPECIFIC ITEM FOR CORRECTION/ IMPROVEMENT	PLAN FOR SUGGESTED CHANGE	START DATE AND COMPLETION DATE OF CORRECTIVE ACTION

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOT FOR SUBMISSION