



SCHOOL YEAR

District Leadership Action Plan for Partnerships



School's name and address:			
Principal's name and e-mail address:			Preferred phone number
Campus Contact's name and e-mail address:			Preferred phone number
GOAL: To identify partnership activities needed at each school site, based on your school specific MS Accountability results. <i>Please provide detailed information regarding the top three areas that a school adopter or specialty partner can provide for your school.</i>			
Category	Specific support requested Please be as specific as possible regarding your request. Examples include, but are not limited to: <i>Tutoring a specific subject or grade level, ACT preparation, test proctoring, onsite uniform/supply closet, painting, gift cards, event passes, painting, garden clean-up, sponsorships for student activities, etc.)</i>	Can your current adopter or specialty partner assist in meeting these needs?	How will this support enhance the academic and/or social emotional needs at your school?
Academic Improvement Support			
Teacher Incentives and/or Recognitions			
Student Incentives and/or Recognitions			
Facility Support (i.e., financial, beautification projects, etc.)			
Other (please specify)			
Comments:			