



2019-2020

## District Leadership Action Plan for Partnerships



School's Name & Address:

Principal's Name & Email Address:

Principal's Preferred Phone Number:

Campus Contact's Name & Email Address:

Campus Contact's Preferred Phone Number:

<b>Category</b>	<b>Specific support requested</b> 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			

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Student Incentives and/or Recognitions			
Facility Support (i.e., financial, beautification projects, etc.)			
<b>Other</b> (please specify)			

COMMENTS: