

Who Are the Members of the Action Team for Partnerships?

School Year: _____

What skills, talents, and experiences do members bring to the Action Team for Partnerships (ATP)? For example, who has art, music, computer, financial, writing, or teaching talents? Who makes many contacts with community groups and organizations? Who is well suited to be a chair or co-chair of the ATP or of an ATP committee?

List the names, addresses, and positions (e.g., teacher, parent, administrator, student) of the 6 to 12 members of the Action Team for Partnerships. Discuss and note the strengths and talents each one brings to the ATP. On the next page, identify the ATP's committee structure and leadership positions.

Name: _____ Position: _____
Address: _____ Phone: _____
Strengths/Talents: _____
E-mail: _____ Favorite Way to Contact: _____

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Strengths/Talents: _____
E-mail: _____ Favorite Way to Contact: _____

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Address: _____ Phone: _____
Strengths/Talents: _____
E-mail: _____ Favorite Way to Contact: _____

If you have more than six members on the ATP, make additional copies of this form.

ATP Committee Structure and Leaders

School Year _____

Check (✓) ONE committee structure that the ATP will use to organize its *One-Year Action Plan for Partnerships* and activities on school, family, and community partnerships. Then, fill in the names of the ATP members and committee leaders. Check and fill in ONLY ONE COLUMN of this form.

Organize ATP by GOALS

This ATP will organize FOUR committees for four school improvement GOALS. We will use the *One-Year Action Plan for Partnerships (Form G)* and *Annual Evaluation of Activities (Form G)* to plan and assess progress each year.

LEADERS THIS YEAR

Chair/Co-chairs of the ATP:

Chair/Co-chairs of Committees

Goal 1 Academic: _____

Goal 2 Academic: _____

Goal 3 Behavioral: _____

Goal 4: Climate of Partnership

Organize ATP by TYPES

This ATP will organize SIX committees for the TYPES of involvement. We will use the *One-Year Action Plan for Partnerships (Form T)* and *Annual Evaluation of Activities (Form T)* to plan and assess progress each year.

LEADERS THIS YEAR

Chair/Co-chairs of the ATP:

Chair/Co-chairs of Committees

Type 1–Parenting: _____

Type 2–Communicating: _____

Type 3–Volunteering: _____

Type 4–Learning at Home: _____

Type 5–Decision Making: _____

Type 6–Collaborating with the Community:

Give a copy of this information to all ATP members and other school and district leaders.

Print the list of ATP members and leaders in the school newsletter or on the website so that all teachers, parents, and community partners can see who is on the ATP.