**INSTRUCTIONS:**

This form must be completed and submitted electronically to: leighann.parr@cmcss.net

School Year:

School:

1. Academic Coach:
2. Academy Administrator:
3. Administrator responsible for discipline data entry:
4. Classified Staff PLAN Representative:
5. Early Learning Administrator:
6. Education Foundation Representative:
7. Elementary Yearbook Sponsor:
8. Energy Champion:

**FOCUS GROUPS**

High School Student Advisory Representatives *(one student per grade level):*

1. 9th Grade: Name:

 Mailing Address:

Phone Number:

 Personal Email:

1. 10th Grade: Name:

Mailing Address:

Phone Number:

Personal Email:

1. 11th Grade: Name:

Mailing Address:

Phone Number:

Personal Email:

1. 12th Grade: Name:

Mailing Address:

Phone Number:

Personal Email:

1. Classified Communications Representative (one per school):
2. Parent Advisory Council

Name:

Contact Number:

Email:

Grade of Student(s):

1. Teacher Communications Representative:
2. Graduation Coordinator (High School only):
3. Healthy School Team Leader:
4. Homeless Point of Contact (works with registering students):
5. Inventory Control Representative:
6. Key Custodian Administrator:
7. KRONOS Manager:
8. Naviance Point of Contact:
9. OJI Representatives (2):

Name:       Name:

1. Onsite Employee Wellness Representative:
2. Partner in Education Representative (PIE):
3. Person responsible for attendance data entry:
4. Person(s) responsible for student enrollment:

 Name:       Name:

1. PLAN POC (Administrator):
2. PLAN Course/class Creator:
3. PowerSchool Points of Contact (2):

Name:       Name:

1. PTO/PTA President:

Name:

Mailing Address:

Phone Number:

1. Registrar:

Primary:       Secondary:

1. RTI Administrator:
2. School Information Coordinator (**Stipend Paid Position - paid)**

Name:       Phone Number:       Email:

1. Site Based Induction Specialist(s) (not Academic Coach):      ,      ,
2. Social/Emotional Learning Administrator (1):
3. Social/Emotional Learning Counselor (1):
4. Special Populations Lead Teacher:
5. Special Populations Lead Administrator:
6. STEM Administrator:
7. Substitute Contact:
8. Support Team Chairperson:
9. 504 Team Chairperson:
10. TestDrive Representative:
11. Testing Coordinator:
12. Textbook Coordinator:
13. Two Textbook Receivers in addition to the Textbook Coordinator:

Name:       Name:

1. Title I Contact:
2. Title IX Representative:
3. United Way Representative:

Email:

1. Virtual High School Contact (Administrator):

Submitted by:       Date:

* + 1. (Type Name)

**\*Please notify Leigh Ann Parr at** **leighann.parr@cmcss.net** **of any updates during the calendar school year.\***