## **School Name: District Name:**



## Family, School, and Community Partnerships Action Plan

School	Advisory	Team I	Mem	bers:	(parents,	grandparents,	teachers,	students,	administrator)	
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Names and roles:	 	 	

## **Vision Statement:**

Goal	Activity/Strategy	Person(s) Responsible	Resources Needed	Comments/ Evaluation	Timeline
Sample: School Site Advisory Team Participation in the CESDP Back to School Family Institute	<ul> <li>Register team         members</li> <li>Tailored Sessions         at B2SFI on Family         School         Partnerships         practices, etc.</li> </ul>		-School Action Plan Template -Registration Funds -www.cesdp.com -www.nmengaged.com	Teams follow up on site November - May	ID Team Mid Sept

Goal	Activity/Strategy	Person(s) Responsible	Resources Needed	Comments/ Evaluation	Timeline
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