

2024-2025
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, for example: <i>Tutoring a specific subject or grade level, test proctoring, event specific volunteers, onsite uniform/supply closet, sponsorships of various activities throughout the 2024-25 SY.</i>	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		
Other (please specify)		
Comments:		