

CMSD Title IA – Family Engagement Action Plan 2024-25 School Year

Prepared Date:

Network:	Choose an item.	School:	Choose an item.
Activity Name:			
Activity Date:			

Family Engagement Committee Members who planned the activity:

Name	Title
1.	Principal or Building Administrator
2.	Parent/Parent Ambassador
3.	FACE Coordinator
4.	Dean of Engagement/Campus Coordinator
5.	Say Yes Family Support Specialist
6.	Community, College, and Career Center Coordinator
7.	
8.	
9.	
10.	

This Action Plan / Event / Program addresses the following:

Academic Achievement Plan: Check the appropriate district priority goal(s) as outlined in the school AAP

- Literacy
 Math
 Family Engagement

This activity (primary focus) aligns with: Check all that apply

<input type="checkbox"/> Community Partnership	<input type="checkbox"/> Family Capacity Building	<input type="checkbox"/> Attendance
<input type="checkbox"/> Back to School/Meet & Greet	<input type="checkbox"/> Open House	<input type="checkbox"/> Parent Teacher Conference
<input type="checkbox"/> Literacy	<input type="checkbox"/> Math	<input type="checkbox"/> Special Education
<input type="checkbox"/> History/Social Studies	<input type="checkbox"/> Science/STEM	<input type="checkbox"/> SEL/Wellness
<input type="checkbox"/> College & Career Readiness	<input type="checkbox"/> Parent University	<input type="checkbox"/> Parent Café
<input type="checkbox"/> SPO/PAC/Chat & Chew/Parent Meeting		

Activity Tier: Choose One

Grade Band:

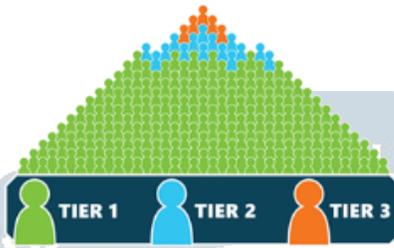
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Choose an item.

Universal *(for all families)*

Targeted *(for some families)*

Intensive *(for a few families)*



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Activity Description:

Please include in your description what resources and strategies will be given at this activity to the parent/caregiver to support the scholar's academic success. Please outline how parents/caregivers who do not attend in person on the date of the event will receive the information and resources. Provide documented proof with parents/caregivers' signature of the receipt of resources and information.

What will families learn?

Date	Time <small>(Start)</small>	Time <small>(End)</small>	Location	Venue/Platform
			<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Both	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Both	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Both	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Both	

Communication Strategy:

Check all that apply.

- School Messenger (IVR)
 Website/Social Media
 Flyer/Mailer
 Personal Phone Calls/Texts
 Email
 Other: Choose an item.

Building Permit:

- All family engagement activities held will need a building permit.
- Staff responsible for providing the services outlined in this activity are expected to be available for execution from the start time to the end time as outlined above.

Yes

Expected Attendance:

This number is based on the anticipated parent/caregiver participation for refreshments and/or resources

Title 1 Funding Used

- Yes *(Complete the next section)*
 No

Planned Resources/Expenses...

Briefly outline any planned purchases, that you would like to be allocated from your Title I funds to support this program. Where possible include the potential vendor's name and cost. Refer to the principal memo and expenditure guidelines for additional information on how funds can be used.

[Click link for review guidelines and expectations.](#)

[2024-2025 School Year Title IA Principal Letter](#)

[Title IA Family Engagement Expenditure Guidelines](#)

Authorization:

All three signatures are required for approval

1. Principal/Building Administrator

Name: _____ Date: _____
X

2. Parent/Caregiver

Name: _____ Date: _____
X

3. FACE Coordinator

Name: _____ Date: _____
X