



**LOCAL SCHOOL PLANNING MEETING
INPUT FORM
2025 – 2026**

School Name: _____ Date: _____

Please return completed form to: _____

TITLE I COMPONENT	DO YOU HAVE SUGGESTIONS FOR CHANGES?		SUGGESTIONS <small>(IF YOU CHECKED YES, PLEASE WRITE YOUR SUGGESTIONS FOR CHANGE IN THIS COLUMN)</small>
	Yes	No	
1. School Goals			
2. The Plan...The Promise...			
3. Budget and Prioritized Wish List			

4. **What do you think staff members need to know to better assist you in supporting our child's learning?** _____