



2025-2026 Action Plan for Partnerships



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| 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.
Please provide detailed information regarding the top three areas that a school adopter or specialty partner can provide for your school.

| Category | Specific support requested <small>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 2025-26 SY.</i></small> |
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| Academic Improvement Support | |
| Teacher Incentives and/or Recognitions | |
| Student Incentives and/or Recognitions | |
| Other <small>(please specify)</small> | |

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| Comments: |
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