



**LOCAL SCHOOL PLANNING MEETING  
INPUT FORM  
2026 – 2027**

School Name: International Transition Center

Date: March 31-April 3

Please return completed form to: Patricia Escobar

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?** \_\_\_\_\_