

2026-2027 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 2026-27 SY.</i>
Academic Improvement Support	
Teacher Incentives and/or Recognitions	
Student Incentives and/or Recognitions	
Other (please specify)	
Comments:	