Family, School, and Community Partnering (FSCP)

Team Data Tracker

**Directions**: One approach to integrating family, school, and community partnering (FSCP) within schools and districts is to assess existing team and organizational meetings for how each can explicitly include this initiative in its work. This can allow for effective use of resources and time. Please check whether or not each team/meeting currently includes FSCP in agendas, planning, actions, and data use. Then, if yes, please briefly describe those activities and if no, identify how FSCP might be included in the group’s work. Align assessment and planning with the *National Standards for Family-School Partnerships (*[*http://www.cde.state.co.us/sites/default/files/SACPIE\_NationalStandardsGoalsIndicators\_Family-SchoolPartnerships.pdf*](http://www.cde.state.co.us/sites/default/files/SACPIE_NationalStandardsGoalsIndicators_Family-SchoolPartnerships.pdf)*).*

**Date: Team/Person(s) Completing Form:**

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| **Team or Meeting** | **Does this team include FSCP in planning and actions? Please write yes or no.** | **If yes, identify actions and planning. If no, describe ways to include FSCP. Align with *National Standards.*** | **If yes, identify involved staff, families, community members. If no, identify who will be participating.** | **If yes, list existing and collected data used in FSCP decision making. If no, please describe possible data tools and use.** |
| **Leadership Team** |  |  |  |  |
| **Grade Level/Academic Teams or Departments (Specify)** |  |  |  |  |
| **District or School Accountability**  **Committee** |  |  |  |  |
| **Student Intervention (RtI, IEP, Advanced Learning etc.). Teams (Specify)** |  |  |  |  |
| **Professional Learning Communities (Specify):** |  |  |  |  |
| **Parent-Teacher Organization** |  |  |  |  |
| **Team or Meeting** | **Does this team include FSCP in planning and actions? Please write yes or no.** | **If yes, identify actions and planning. If no, describe ways to include FSCP. Align with *National Standards*.** | **If yes, identify involved staff, families, community members. If no, identify who will be participating.** | **If yes, list existing and collected data used in FSCP decision making. If no, please describe possible data tools and use.** |
| **Other (Continue With All Relevant Existing Meetings, Team, and/or Organizations)** |  |  |  |  |
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