

Attachment B: COMTSS Team C-DIT Membership Form

Participation requires the commitment of the district's COMTSS District Implementation Team (C-DIT). Requirements for representation on the C-DIT include: (1) A point of contact (must be a member of cabinet-level administration), (2) general education representation, (3) special education representation, (4) early childhood representation, (5) family/community representation, and (6) representation from the other initiatives overseen by the BOCES/district. Suggested representation includes: Superintendent or Assistant Superintendent, Curriculum Director, Assessment/Accountability Director, Special Education Director, Culture and Equity Director, Professional Development Director, Title I Director, Student Services Director, Parent Representative Co-Chair of District Accountability Committee, BOCES Director, school-level leadership, and district-level coaches. The purpose of the C-DIT is to support local Building Leadership Teams (BLTs) through professional development, technical assistance, alignment, curriculum, funding, visibility, and political support.

Responsibilities/Functions of this C-DIT include:

- Meet at least monthly with an Implementation Consultant (IC) and other COMTSS Staff, and complete tasks throughout the month;
- Complete assessments and action planning that best support local schools;
- Facilitate professional development and technical assistance for local schools related to COMTSS implementation; and
- Attend trainings provided by COMTSS Staff.

Provide the names, titles, and signatures of those who will serve on your C-DIT:

Point of Contact [Cabinet Level Administration]:

Title/Role: _____

Signature: _____

Date: _____

General Education Representative:

Title/Role: _____

Signature: _____

Date: _____

Special Education Representative

Title/Role: _____

Signature: _____

Date: _____

Early Childhood Representative

Title/Role: _____

Signature: _____

Date: _____

Early Childhood Representative

Title/Role: _____

Signature: _____

Date: _____

Family/Community Representative

Title/Role: _____

Signature: _____

Date: _____

Title/Role: _____

Signature: _____

Date: _____

Title/Role: _____

Signature: _____

Date: _____