## Attachment B: COMTSS Team C-DIT Membership Form

Applicants for District Designed & Led- MIS under the Multi-tiered System of Supports Strategy Guide 2.1 can receive CDE support in addition to funding. The Colorado Multi-tiered System of Supports (COMTSS), as part of CDE’s Office of Learning Supports, offers direct support to district-level EASI grantees focused on implementing MTSS.  Attachment B is only required if requesting COMTSS support through District Designed & Led Major Improvement Strategy.

The additional support from COMTSS 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:**

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| 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 |
|  |  |  |  |  |  |  |
| Family/Community Representative |  | Title/Role |  | Signature |  | Date |
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|  |  | Title/Role |  | Signature |  | Date |
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|  |  | Title/Role |  | Signature |  | Date |