Ci3T Leadership Team

[enter current school year]

**Directions:** Please confirm your Ci3T Leadership Team below.

|  |  |
| --- | --- |
| **District Name:** |  |
| **School Name:** |  |
| **Date Updated:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position / Role** | **Last Name** | **First Name** | **Email** | **Phone #** |
| Building Administrator |  |  |  |  |
| District Representative |  |  |  |  |
| General Education Teacher 1 |  |  |  |  |
| General Education Teacher 2 |  |  |  |  |
| Special Education Teacher |  |  |  |  |
| Parent Representative |  |  |  |  |
| Student Representative |  |  |  |  |
| Additional 1: [enter role] |  |  |  |  |
| Additional 2: [enter role] |  |  |  |  |
| Ci3T Coach  |  |  |  |  |

For corrections or changes to your team, please contact

[contact name, email, phone]