Ci3T Leadership Team

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

District name:

School name:

Date submitted:

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Email** | **Position / Role** |
|  |  |  | Building Administrator |
|  |  |  | District Representative |
|  |  |  | General Education Teacher 1 |
|  |  |  | General Education Teacher 2 |
|  |  |  | Special Education Teacher |
|  |  |  | Parent Representative |
|  |  | N/A | Student Representative |
|  |  |  | Optional 1:  |
|  |  |  | Optional 2:  |
|  |  |  | Ci3T Coach  |

For corrections or changes to your team, please contact

 [contact name, email, phone]