# Description: Color EED20 20 SW-PBS District Leadership Team Roster

**District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| SW-PBS District Team Members | | | |
| **Name** | **Position/Title** | **Team Role** | **Email** |
|  | Superintendent  (**required**) |  |  |
|  | School Administrator (**required**) |  |  |
|  | Curriculum and Instruction  (**required**) |  |  |
|  | Student Support Services (**required**) |  |  |
|  | Management Information Systems |  |  |
|  | School Improvement |  |  |
|  | Finance |  |  |
|  | School Counselor |  |  |
|  | School Board/Community member |  |  |
|  |  | PBIS District Coordinator (**required**) |  |
| Team Meetings | | | |
| **Describe monthly meeting calendar for the school year with dates, times, locations.** | | | |
|  | | | |

The SW-PBS District Leadership Team membership is representative of our District Administration and the members are committed to training and understand the responsibilities of the district for PBIS implementation. By signing this document, the Superintendent or designee commits to PBIS and is aware that PBIS is a 3-5 year process that will require on-going training and/or revisions of the district/school’s PBIS Plan.

**Superintendent or Designee Signature** **Date**