**Activity: Date:**

**Event Contact:**

What do we hope to accomplish?

We will connect with families in each of the following areas by:

|  |
| --- |
| **Welcome:** |
| **Honor:** |
| **Link to Learning:** |
| **Build Relationships:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scheduling | | | Responsible | | Timeline | | Comments | | |
| School Master Calendar | | |  | |  | |  | | |
| Schedule Room(s) for Activity | | |  | |  | |
| Notify Office Staff, Custodian, etc. | | |  | |  | |
| Schedule Interpreter (2 weeks prior) and Confirm | | |  | |  | |
| Schedule Childcare (2 weeks prior) and Confirm | | |  | |  | |
| Schedule Childcare Room | | |  | |  | |
| Reserve Equipment/Technology | | |  | |  | |
| Schedule/Confirm Presenter | | |  | |  | |
|  | | |  | |  | |
| Promotion | | | Responsible | | Timeline | | Comments | | |
| Submit to Newsletter | | |  | |  | |  | | |
| Inform Staff | | |  | |  | |
| Flyer, Invitation, Reminders | | |  | |  | |
| Promotional Materials to Translation | | |  | |  | |
| Print Arrangements | | |  | |  | |
| ParentLink Call | | |  | |  | |
| Phone Calls (personal) | | |  | |  | |
| Marketing Dept. Tip Sheet (2 weeks prior) | | |  | |  | |
|  | | |  | |  | |
| Refreshments | | | Responsible | | Timeline | | Comments | | |
| Order (at least 7 days prior to event if using SSC) | | |  | |  | |  | | |
| Confirm Order | | |  | |  | |
| Notify Kitchen Staff about Delivery | | |  | |  | |
|  | | |  | |  | |
| Materials/Documentation | | | Responsible | | Timeline | | Comments | | |
| Agenda | | |  | |  | |  | | |
| Handouts (compile or acquire from presenter) | | |  | |  | |
| Send Necessary Materials to Translation | | |  | |  | |
| Evaluation/Reflection | | |  | |  | |
| Sign-In Sheets, Clipboards, Pens, etc. | | |  | |  | |
| Signage (Welcome, Directional, etc.) | | |  | |  | |
| Door Prizes | | |  | |  | |
|  | | |  | |  | |
| Follow-Up | | | Responsible | | Timeline | | Comments | | |
| Recap E-mail to Staff | | |  | |  | |  | | |
| Compile/Report Feedback | | |  | |  | |
| Thank You Notes/Letters | | |  | |  | |
| Submit Recap to Newsletter | | |  | |  | |
|  | | |  | |  | |
| Event Assignments  *The goal is to be inclusive. Have all appropriate staff members been invited to participate?* | | | | | | | | | | |
| **Room Set Up / Decorate** | **Sign In** | **Greeter/Host** | | **Refreshments** | | **Technology** | | **Childcare Contact** | **Clean Up** | |
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| **Presenter(s):** | | | | | | | | | | |

**Comments (special considerations, volunteer help needed, etc.):**