**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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Presenter(s):** |

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