**Georgia Parent Mentor Partnership: Preparing for FY16**

**District name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Mentor(s)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **2013 – 2014 IEP Annual Attendance Rate** | | **2013 – 2014 PARENT SURVEY** | |
| **Parent %** | **Student %** | **Return Rate %** | **Satisfaction Rate%** |
| **2012 – 2013 IEP Annual Attendance Rate** | | **2012 – 2013 PARENT SURVEY *(or last yr surveyed\_\_\_\_)*** | |
| **Parent %** | **Student %** | **Return Rate %** | **Satisfaction Rate%** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal 1 (Mentor Selected**  **Indicator # )**  **Results DATA** | **Target**  **Group** | **My Expected**  **Target** | | **Number**  **Participating** | | | **Year** | | | **Target Met? Y or N** |
| **2015** | |  | |
|  |  |  | |  | | |  | |  | |
| 2014 -2015 Contacts | Qtr. 1 | | Qtr. 2 | | Qtr. 3 | Qtr. 4 | | Total | | |
|  |  | |  | |  |  | |  | | |

**Authentic Stakeholder Engagement:**

In your system, how do you see yourself engaging stakeholders around improving graduation rates?

What stakeholder groups are already meeting in your system that you work with or are familiar with?

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Who else cares about improving graduation outcomes? List individuals or groups you will invite to a stakeholders meeting regarding this work?

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**SMART Goals and Vital Behaviors:**

What goals would you suggest for engaging families around the work of the SSIP? Who would you need to partner with to meet expectations? (This is input only. This is not a commitment to working on this goal)

\_\_\_\_By (date), (target) families will apply learned skills/strategies during activities with their child to improve post-secondary/behavior/academic outcomes with 60% completion as measured by weekly/monthly reporting.

\_\_\_\_By (date), (target) families will participate in high school completion, post-secondary education and/or employment activities with 60% completion as measured by weekly/monthly reporting.

\_\_\_\_By (date), (target) families will implement skills and strategies to improve post- secondary outcomes with 60% completion as measured by weekly/monthly reporting.

\_\_\_\_By (date), (target) families will participate in high school completion, post-secondary education and/or employment activities with 60% completion as measured by weekly/monthly reporting.

\_\_\_\_By (date), (target) families will utilize learned communication strategies to improve parent-teacher relationship by reporting ongoing, positive communication with their child’s teacher with 60% completion as measured per monthly reporting.

\_\_\_\_By (date), (target) May 15th \_\_\_\_\_% of or \_\_\_\_ out of \_\_\_\_\_ target families will contribute during school-home-community collaboration opportunities to increase engagement with 60% completion as measured by the monthly reporting.

families will contribute during school-home-community collaboration opportunities to increase engagement with 60% completion as measured by the monthly reporting.



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**What vital behaviors would you suggest for engaging families around the work of the SSIP? Who would you need to partner with to meet expectations? (This is input only. This is not a commitment to working on this VB).**

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| ­­­­\_\_\_\_Family and student will participate in **Person Centered Planning** and complete monthly task related to their plan and goals.  \_\_\_\_ Use teacher provided **exercises to practice at home** at least 15min/2 times per week in an area of student’s need, reporting efforts to teacher using preferred method of communication.  \_\_\_\_ Family and student will review **behavior strategies** listed on a behavior chart to guide \_\_\_\_weekly conversations/activities and share progress and comments with teacher once per month.  \_\_\_\_ Results from a **transition assessment** will guide family and student to work together to completed a series of work-readiness skill exercises; reporting progress monthly.  \_\_\_\_ Family and student will access GACollege411 or equivalent for an **individual timeline** and track activities (job shadowing, college visits, Vocational Rehabilitation counseling, etc.)  \_\_\_\_ Family and student will track ongoing conversations by using a calendar and conversation starters for **attendance, behavior, and academics** related to individual needs, reporting comments/questions/concerns to teacher or other IEP members.  \_\_\_\_ Teacher will send home monthly/quarterly **progress report** regarding students IEP goals and family and student will review report together, sending notes/concerns/questions back to teacher.  \_\_\_\_ Teacher and family will discuss and plan for **regular, positive communication** based on the child’s progress, home/community activities, or as a way of seeking parent input by preferred method of communication.  \_\_\_\_ Each month family and student will review **accommodations or modifications**, making notes about their discussion, sharing recommended needs/changes with the teacher.  \_\_\_\_ Family will be a member of **school-community related team** and assist in planning/implementing student related event (C.A.F.E., fundraiser, etc.) given opportunities as a core member (monthly) or as an extended participant (bi-monthly) to be involved.  \_\_\_\_ Family and student will review current/available resources and supports, identifying and working with **community connections** to improve academic or post-secondary outcomes (mentors, tutors, etc.) |

Thank you for taking time to review your data and to think about engaging stakeholders in our upcoming work around the Georgia State Systemic Improvement Plan (SSIP), Student Success: Imagine the Possibilities!

Please sign and return to Anne Ladd, GaDOE Family Engagement Specialist

1. Email the scanned application with signature(s) to [aladd @doe.k12.ga.us](mailto:pyates@doe.k12.ga.us) **or**
2. Fax it to 404-651-6457 to the attention of Anne Ladd/GaPMP Preparing for FY16.

**Required signature(s):**

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Parent Mentor’s Signature Date

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Special Education Director’s Signature Date



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