

2018-2020 Continuous Improvement Work Plan



SY2019-2020 CIWP and Budget Approval Form

Instructions: After completing updates to their CIWP, Fund Compliance Page (all schools), or Parent & Family Plan (for Title I schools only), schools must present the CIWP and Budget first to their Local School Council (LSC), followed by the Network Chief for approval. If the LSC is officially "Not Functioning," please note that in the comments section along with Principal initials.

School ID: State/ISBE ID: Check the required documents for completion: Continuous Improvement Fund Compliance (required for all schools) LSC Signature Network Chief Signature LSC Approval: "Yes" votes No Network: "Yes" votes Signature Name: Absentees Signature: Date: Date: Date Date Check the required documents for completion: Parent & Family Plan- Engagement Policy, Compact, & Budget (required for Title I eligible schools only) Network: Chief Name: Signature: Date:	School Information	Principal Signature	
School ID: Signature: Date:	School Name:	Name:	
Check the required documents for completion: Continuous Improvement			
Check the required documents for completion: Continuous Improvement		Data	
Continuous Improvement Work Plan			
Work Plan (required for all schools) Compact, & Budget (required for Title eligible schools only) LSC Signature Network Chief Signature LSC Approval:	Check the require	ed documents for completion:	
LSC Approval:	·	schools) Compact, & Budget (required for Title I eligible	
"Yes" votes	LSC Signature	Network Chief Signature	
Abstentions	LSC Approval:	Network:	
Vacancies Total Count Date: PAC Chair Signature (if applicable) Name: Signature: Date: Date: Date:	"Yes" votes "No" votes	Chief Name:	
LSC Chair Name: Signature: Date: Signature: Date: Signature: Date:	Abstentions Absentees	Signature:	
Name: Signature: Date: Date: PAC Chair Signature (if applicable) Name: Signature: Date:	Vacancies Total Count	Date:	
Name: Signature: Date: Date:	LSC Chair		
Signature: Name: Signature: Date: Date:	Name:	PAC Chair Signature (if applicable)	
Date: Signature:	Circohura		
Date:		Signature:	
Date Comments			
Date Comments			
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CIWP Team Signature Page

Instructions: All members of the CIWP Team should print and sign their names below to confirm their participation on the CIWP Team prior to submission to the LSC and/or Network office.

	CIWF	P Team Signature	
Team Member 1 Title:		Team Member 2 Title:	
Name:	Date:	Name:	Date:
Signaturo		Signaturo:	
Team Member 3 Title:		Team Member 4 Title:	
Name:			Date:
Signature:			
Team Member 5 Title:		Team Member 6 Title:	
Name:			
Signature:			
Team Member 7 Title:		Team Member 8 Title:	
Name:	Date:	Name:	Date:
Signature:		Signature:	
Team Member 9 Title:		Team Member 10 Title:	
Name:	Date:	Name:	Date:
Signature:			
Team Member 11 Title:		Team Member 12 Title:	
Name:	Date:	Name:	Date:
Signature:		Signature:	
Team Member 13 Title:		Team Member 14 Title:	
Name:	Date:	Name:	Date:
Signature:		Signature:	
,	Feam Member 15 Title	:	
	Name:	Date:	
	Signature:		