ILT REQUEST FORM

Please use this form to submit your request to the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Instructional Leadership Team* (ILT) for review and resolution. You can submit the form via email or in the mailbox of the principal and/or ILT Co-Chair at least ***one week*** prior to the next meeting, if possible.

Submitted by: Date:

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| **Indicate the ILT decision making area related to your request:**   develop, review and evaluate the instructional program   monitor and approve school operations and procedures that impact instruction   plan and monitor training of staff   develop and monitor school budget as approved by the LSDMC   create and maintain a safe and orderly school environment   oversee the formation of teams within given parameters   perform all other responsibilities assigned by this contract to the ILT *(review other areas of the CBA, if necessary)*    **Clearly define the request. Please provide details about who and what is affected.** |

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| If the request presented is problematic in nature, **what do you propose as a solution?** |

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| ***(For ILT use)* Resolution:**  ILT Co-chairs’ Signatures Date |