

**School Name - POC Name**

**School Profile 1 - Contact Data**

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**Use the TAB Key to move from field to field, not the ENTER Key**

School Street Address:

City:

Zipcode:

School Telephone:

(     )

School Principal First Name:

School Principal Last Name:

School Principal Email:

Review the school information above. Please make any necessary updates. Click here when the information is correct:     Yes

● 1. Does your School Leadership Team include any of the following members? (specify all that apply).

Principal  
Assistant Principal(s)  
General Education Teacher(s)  
Special Education Teacher(s)  
School Psychologist(s)  
School Counselor(s)  
School Social Worker(s)

Family Member(s)  
Instructional Coach(es)  
Community Partner(s)  
Other  
Specify if 'Other' checked:

● 2. Who leads your School Leadership Team?

Principal      Assistant Principal      Other  
Specify if 'Other' checked:

● 3. If your team does not include a family member, is there a plan to include a family member?

Yes  
No

● 4. My school regularly shares information with families about VTSS and related activities.

Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree  
Don't Know

● 5. Within the past year, my school planned and implemented an event that shared important aspects/key features of VTSS with families.

Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree  
Don't Know

- 6. My school has formal strategies for informing families about expected student behaviors and academic achievement at school.

Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree  
Don't Know

- 7. Does your school or division have a formal vision statement of family engagement?

Yes  
No

- 7a. If 'Yes', please copy and paste the vision statement into this text box.

Click 'Save' to save your changes so far and return to the Control Page.