

MUST BE FILLED OUT COMPLETELY



TITLE I DAC/PAC REPRESENTATIVES



School year: 20 ____ - 20 ____

School: _____ Location #: _____

The Title I District Advisory Council (DAC) and Regional Parent Advisory Council (PAC) members are representatives of parents who consult with the Title I DAC about the planning and implementation of the Title I Program.

ROLES

The roles of the DAC/PAC representatives are as follows:

- To consult with the Title I DAC in the planning and implementation of the Title I Program;
- To promote awareness of the Title I Program between parents in the local school and the community; and
- To serve as a liaison between the DAC and PAC, the Educational Excellence School Advisory Council (EESAC), and the local school.

DAC/PAC Representative #1

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

Child's Name: _____ Grade: _____

RESPONSIBILITIES

The responsibilities of the DAC/PAC representatives are as follows:

- To attend all PAC meetings;
- To attend all DAC general meetings;
- To serve on DAC/PAC committees;
- To assist in planning workshops/professional development activities for DAC/PAC members and other parents at the local school implementing a Title I Schoolwide Program; and
- To participate in leadership training, parent/partnership training, parent conference training, etc.

Parents perform a vital role in the Title I Schoolwide Program. We invite your participation and involvement. The DAC and PAC meeting calendars are available through your child's school Community Involvement Specialist (CIS)/Community Liaison Specialist (CLS), the PAC Chairperson(s), and are posted online <http://title1.dadeschools.net/title1.asp>

For more information, you may contact the Department of Title I Administration, at 305 995-1202.

DAC/PAC Representative #2

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

Child's Name: _____ Grade: _____

CIS/CLS Name(s) and Contact Information:

Name	Telephone #	Position (Circle One)
_____	_____	Hourly/FT
_____	_____	Hourly/FT
_____	_____	Hourly/FT

The school's Parent Outreach contact person is:

Telephone Number: _____

DAC/PAC Representative #3

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

Child's Name: _____ Grade: _____