

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: \_\_\_\_\_