Stage 1

Site level/ high school

Master Schedule Notebook

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_- \_\_\_\_\_\_\_

**THE MASTER SCHEDULE TEAM**

Please identify each member of the Master Schedule Team and her/his role/responsibilities:

|  |
| --- |
| School Name & Phone Number |
| Principal:  Phone Number:  Email:  Role/Areas of Responsibility: |
| Administrator serving on the Master Schedule Team (if other than Principal):  Phone Number:  Email:  Role/Areas of Responsibility: |
| Lead Master Scheduler:  Scheduling Experience (# of years)  Phone Number: Email:  Role/Areas of Responsibility: |
| Back-Up for Lead Master Scheduler:  Scheduling Experience (# of years)  Phone Number:  Email:  Role/Areas of Responsibility: |
| Person with primary responsibility for data-entry: |
| Counselor Representative: |
| Pathway/Academy Representative: |
| Pathway/Academy Representative: |
| Department Representative: |
| Department Representative: |
| Other: *(Your scheduling priorities should inform the need for any additional team members. For example, if your school has a large number of English Language Learners, it may be important to have an ELL teacher on the master schedule team. OR if your school is implementing a co-teaching model to support the inclusion of special education students in pathways, it may be important to include a special education teacher on the Master Schedule team. OR if dual enrollment is a priority in your school or district, you might include a representative from the local community college on a part-time basis.)* |

Liaison from the District Master Schedule Support Team (if applicable):

When will the Master Schedule Team meet?