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?