

Campus Improvement Plan (CIP) Meeting Sign-in Sheet

Topic: SDMC Q1	Date:	10/10/24
Presenter: Natasha C	Date:	DO Od Academy
* For Role, select from one o	f the following (as appropriate): Parent, Tea ofessional, District Level Administrator, or 0	cher, Principal,
Printed Name	Signature	Role*
prenda normes	FORM boller	Adrum Assa
Liana Silva		Teache
Pebecca Verson Noviewha CM2-JP-Re	ison 7	Principal
Bernadette Campu	consented kateams	Nivse
Kathryn Vestal'	consented via Teams	Community wem
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