



# School Advisory Council Toolkit

A comprehensive toolkit of resources to support the development, launch, and success of your School Advisory Council.

# School Advisory Council Toolkit



**Section 1** – Board Approved Policy (Student, Parent, Community Advisory Committee: Policy 1444)

**Section 2** – Stakeholder Recruitment Documents

Recruitment Letter

Welcome/Confirmation Letter

**Section 3** – Meeting Management

Agenda

Meeting Minutes Template

Sign-In Sheet

Activity Log

Incentives Log

**Section 4** – School Based Budget

Budget PowerPoint

School Based Budget Training (to be developed)

**Section 5** – Frequently Asked Questions



**Academic Sub-Committee**  
**Districtwide Establishment of School Advisory Councils**  
**August 28, 2017**

**Recommendation:**

That the School Board approve the establishment of School Advisory Council (SACs) at each of the district's schools.

**Description and Background:**

Successful and improving urban school districts across the country have some version of school-based management with a shared decision-making structure at the school level that leads that school. In Boston, they are called School Site Councils; in Denver, Collaborative School Committees; and in New York, School Leadership Teams. In Detroit, these organizations will be called School Advisory Councils (SACs). The SACs will be developed to continue to build interest and investments across our schools. The councils will be inclusive allowing each school's stakeholders to work with the principal to build the brand, image, engagement, support, culture, school improvement, programming, and excellence in each of our schools.

Starting in the 2018-2019 school year, each school's budget and school improvement plan will be approved by the SAC. Each SAC will be required to meet monthly following the rules and regulations of an open meeting.

In connection with the implementation of SACs, members would commit to a series of trainings and team building activities to support their success in working with the principal and school community successfully. Districtwide, this should not exceed \$6,000 through Family & Community Engagement training and development.

Each SAC will consist of the following: one (1) principal, one (1) Detroit Federation of Teacher Union Representative, one (1) Parent Teacher Association President, three (3) teachers at the school, two (2) school support staff at the school, three (3) students at the school, four (4) parents whose children currently attend the school, one (1) alumni, and three (3) business and/or faith-based partners. The majority of the SAC must be non-school and district employees. Individuals must be nominated and selected by the majority of their peers.

**Gap Analysis:**

Schools lack a uniform structure to engage internal and external stakeholders to support and contribute to rebuilding our schools across the district. Many desire to play a greater role in the

**School Advisory Councils  
(SACs) Date: August 28, 2017**

district's improvement but the district does not provide a consistent opportunity for stakeholders to support schools. Many schools also lack a shared decision-making process to empower stakeholders.

Previous Outcomes:

Internal and external stakeholders lacked a specific vehicle to participate in the improvement of their schools.

Expected Outcomes:

Increase in internal and external stakeholder engagement, which will lead to increasing student achievement, enrollment, and general support for the district's schools.

Financial Impact:

There is an expected \$6,000 cost to the district.

Contact for Item:

Sharlonda M. Buckman  
Senior Executive Director of Family and Community Engagement  
(313) 873-7490  
Email: [sharlonda.buckman@detroitk12.org](mailto:sharlonda.buckman@detroitk12.org)



## **[Recruitment Pitch]**

School Advisory Councils are a part of the Detroit Public School Community District strategy to include more stakeholders in helping us rebuild the District. We know that for children to be successful they must get a quality education, and we believe that our current efforts at the school-level in conjunction with additional support from the community will get us there. As we develop this council to strengthen our village, I think you would be a great addition to serve on our School Advisory Council.

The council meets once a month with some committee work and a few community events each year.

Would you consider serving?



## **[Recruitment Letter]**

*[First Name] [Last Name]*

*[Street Address]*

*[City], MI [Zip code]*

Friday, November 2, 2020

Dear (Sir/Madame Last Name),

I am pleased to invite you to join the *[School Name]* School Advisory Council for the 2020-2021 school year. The School Advisory Council (SAC) is a shared decision-making structure at the school level that advises and supports the school leader and school. The SAC will consist of the following: the principal, Detroit Federation of Teacher Union Representative, PTA President, teachers, school staff, parents, students, alumnus, and faith-based/community partners; with majority of seats held by non-school and district employees. Designed to build interest and investment in the school, our SAC will build the brand, image, engagement, support, culture, budget, school improvement plan, programming, and policies for *[insert school name]*.

I believe you will bring the passion, hard work, and commitment needed to help us continue to move our school forward. The SAC will hold open meetings once a month and are asked to support initiatives as necessary. The benefits of serving as a member on the council are:

- Support student growth and success
- High level involvement in the decision-making process for *[insert school name]*
- Advising on important issues to promote school excellence
- Networking, professional development, and community building opportunities
- Consensus building and valuable leadership training

Through increased engagement between community and school representatives, we will have the necessary support to significantly enhance the performance of our school. I hope you will bring your voice forth and support the efforts to improve *[insert school name]*. For more information on SAC, please reach me via phone *[insert number]* or via email *[email.email@detroitk12.org]*. I will follow-up with a phone call next week.

Students Rise, We All Rise.

*[Mrs./Mr./Dr.][First Name] [Last Name]*

*[Street Address]*

*[City], MI [Detroit]*



***[Welcome/Confirmation Letter]***

*[First Name] [Last Name]*

*[Street Address]*

*[City], MI [Zip code]*

Friday, November 2, 2020

Dear (Sir/Madame Last Name),

On behalf of the Detroit Public Schools Community District, I welcome you to the *[School Name]* School Advisory Council for the 2020-2021 school year as a *[insert seat]* representative! The School Advisory Council (SAC) is a shared decision-making structure at the school level that leads *[insert school name]*. Your voice on the inaugural council will set the tone for how we improve the school for years to come.

On *[insert school name]* SAC we will review the budget and school improvement plan, amongst assessing other key areas of school operation. The SAC will hold open meetings once a month and are asked to support initiatives as necessary. The benefits of serving as a member on the council are:

- Support student growth and success
- High level involvement in the decision-making process for *[insert school name]*
- Advising on important issues to promote school excellence
- Networking, professional development, and community building opportunities
- Consensus building and valuable leadership training

Through increased engagement between community and school representatives, we will have the necessary support to significantly enhance the performance of our school. In the coming weeks, I will provide details for trainings and a time to meet as a team.

For more information on SAC, please reach me via phone *[insert number]* or via email *[email.email@detroitk12.org]*.

Students Rise, We All Rise.

*[Mrs./Mr./Dr.][First Name] [Last Name]*

*[Street Address]*

*[City], MI [Zip code]*

## **[School Name] School Advisory Council Meeting Agenda**

Council Member Attendees: Name(s)

### **I. Call to order**

Facilitator Name called to order the regular meeting of the Organization/Committee Name at time on date at location.

### **II. Roll call**

Secretary Name conducted a roll call. The following persons were present:

### **III. New business**

- a. Introductions
- b. Principal give history and overview of school
- c. Read SAC Policy
- d. Selection or appointment of co-chair
- e. Review School Improvement Plan
- f. Set ground rules for SAC meetings
- g. Identify meeting dates through 2020-2021

### **IV. Adjournment**

Facilitator Name adjourned the meeting at time.

Minutes submitted by: Name

Minutes approved by:



**Location:** Address or Room Number

**Date:** Date

**Time:** Time

## **[School Name] School Advisory Council Meeting Agenda**

Council Member Attendees: Name(s)

### **I. Call to order**

Facilitator Name called to order the regular meeting of the Organization/Committee Name at time on date at location.

### **II. Roll call**

Secretary Name conducted a roll call. The following persons were present: attendee names

### **III. Approval of minutes from last meeting**

Secretary Name read the minutes from the last meeting. The minutes were approved as read.

### **IV. Open issues**

- a) Open issue/summary of discussion
- b) Open issue/summary of discussion
- c) Open issue/summary of discussion

### **V. New business**

- a) New business/summary of discussion
- b) New business/summary of discussion
- c) New business/summary of discussion

### **VI. Adjournment**

Facilitator Name adjourned the meeting at time.

Minutes submitted by: Name

Minutes approved by:



## [School Name] School Advisory Council Sign-in Sheet

NO.	NAME	SAC SEAT (I.E. TEACHER)	PHONE (CELL)	EMAIL
1	Name	SAC Seat	Phone (Cell)	Email
2	Name	SAC Seat	Phone (Cell)	Email
3	Name	SAC Seat	Phone (Cell)	Email
4	Name	SAC Seat	Phone (Cell)	Email
5	Name	SAC Seat	Phone (Cell)	Email
6	Name	SAC Seat	Phone (Cell)	Email
7	Name	SAC Seat	Phone (Cell)	Email
8	Name	SAC Seat	Phone (Cell)	Email
9	Name	SAC Seat	Phone (Cell)	Email
10	Name	SAC Seat	Phone (Cell)	Email
11	Name	SAC Seat	Phone (Cell)	Email
12	Name	SAC Seat	Phone (Cell)	Email
13	Name	SAC Seat	Phone (Cell)	Email
14	Name	SAC Seat	Phone (Cell)	Email
15	Name	SAC Seat	Phone (Cell)	Email

## [School Name] School Advisory Council Activity Log

NO.	ACTIVITY/EVENT	DATE	ACTIVITY LEADER(S)	DESCRIPTION	RESULTS/OUTCOMES
1	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
2	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
3	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
4	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
5	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
6	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
7	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
8	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
9	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
10	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
11	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
12	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
13	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
14	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes
15	Activity/Event	Date	Activity Leader(s)	Description	Results/Outcomes

## [School Name] School Advisory Council Incentives Log

NO.	ROLE	NAME	GIFT CARD TYPE	GIFT CARD AMOUNT	SIGNATURE
1	Student	Name	Gift Card Type	Gift Card Amount	Signature
2	Student	Name	Gift Card Type	Gift Card Amount	Signature
3	Student	Name	Gift Card Type	Gift Card Amount	Signature
4	Parent	Name	Gift Card Type	Gift Card Amount	Signature
5	Parent	Name	Gift Card Type	Gift Card Amount	Signature
6	Parent	Name	Gift Card Type	Gift Card Amount	Signature
7	Parent	Name	Gift Card Type	Gift Card Amount	Signature



## Frequently Asked Questions

Q: How many seats are on the S.A.C?

A: 19 seats.

Q: Who will co-chair the council?

A: The school principal and a member selected by the council members will co-chair the SAC.

Q: When will the SAC meet?

A: The SAC will select their calendar of meeting dates and confirm those dates at the first public meeting.

Q: How do members join the SAC?

A: Members will be appointed or nominated to join the SAC for the 2018-2019 school year. At the end of the school year, the SAC will hold elections to fill seats for the ensuing school year.

Q: What is expected from SAC members?

A: SAC members are expected to attend all SAC meetings, support activities as necessary, and go through the volunteer centralization process.



**Detroit Public Schools Police Department (DPSPD)  
Criminal Convictions Background & Fingerprinting Unit (CCBFU)**

8500 Cameron Street Detroit, Michigan 48211  
Office: (313) 748-6000 Fax: (313) 748-6069



Ralph Godbee  
Chief

William J. Lyons, IV  
Director

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**Instructions for Completing Volunteer Acknowledgement form.**

1. Individual reports to principal/user department contact person his/her interest in volunteering.
2. Individual completes Volunteer Background Check form and submits to principal/user department at desired location along with a copy of their Michigan State Driver's License/State ID.
3. Principal/Contact Person signs and returns Volunteer Background Check form along with a copy of Michigan State Driver's License/State ID to CCBLU via fax (313) 748-6101 or email [ccbfcu.email@detroitk12.org](mailto:ccbfcu.email@detroitk12.org) or [fs.6101@detroitk12.org](mailto:fs.6101@detroitk12.org)
4. Once CCBLU has reviewed and made determination of eligibility. Volunteer will be scheduled for a Non Access ID Badge. Please allow seven business day for response.

**Note: If individual is a Student Teacher or Practicum Worker a signature from their college/university advisor is required.**

**Volunteers for the Reading Corp Program must sign a commitment form.**

**Terms**

**Volunteer** – A person present on DPSCD properties who may interact with students or staff and receives no fiduciary return (i.e. salary, stipend, course work credit, etc.) and does not have unescorted access to vulnerable population.

**Volunteer Reading Corp (VRC)** – A person who reads to or with students in the presence of a teacher. Must complete a Commitment Form.

**Yellow Jacket** - A person who works with DPSCD Police Department inside the school to assist with various school needs.

**Parent Volunteer** – Parent of a student who is enrolled in the school for which he/she would like to volunteer.

**Student Intern** - A person who is under the age of 18 and works for or on DPSCD properties whose salary may or may not be paid by DPSCD. Must provide copy of High School ID Badge.

**Student Teacher** – A person assigned to work in a DPSCD classroom alongside a Mentor Teacher with students as a part of their college course requirements.

**Practicum Worker** – A person assigned to work with DPSCD academic support staff in a non-teaching position as a part of the college course requirements.

**Intern** – A person working on DPSCD properties who is over the age of 18 years old. Salary may or may not be paid by DPSCD. **This person should not complete this form. He/She must submit to LiveScan.**

**When students rise, we all rise. We are Detroit Public Schools Community District.**

DPSCD does not discriminate based on race, color, national origin, sex, disability and/or religion  
Contact Compliance for more information at (313) 240-4377 or [detroitk12.org/admin/compliance](http://detroitk12.org/admin/compliance)



Ralph Godbee  
Chief

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William J. Lyons, IV  
Director

## VOLUNTEER BACKGROUND CHECK Acknowledgment Form

### **\*Non-employment Background Checks Only\***

There is no requirement for a fingerprint background check on prospective volunteers solicited for the purpose of providing care, instructions, or supervision. However, in order to ensure the protection of children in the care of the Detroit Public Schools Community District (DPSCD), school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan background check. The background check is a name check only, through the State of Michigan Internet Criminal History Access Tool (ICHAT) system, and is based on individual identifiers. **Any applicant declining to complete a "Volunteer Background Check Acknowledgement Form will not be considered.**

#### POTENTIAL VOLUNTEER INFORMATION

Check all that applies (see terms):

- Volunteer
- Volunteer Reading Corp **(MUST SIGN COMMITMENT FORM)**
- Yellow Jacket
- Parent Volunteer
- Student Intern
- Student Teacher
- Practicum Worker

Full Printed Name: \_\_\_\_\_

Maiden name or other name(s) previously used: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
[mm/dd/yyyy]

Contact Information: Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Submitted copy of Driver License/ State ID:  Yes  No **(Application will not be processed without ID)**

#### HISTORY INFORMATION

- 1) Have you volunteered at Detroit Public Schools Community District before?  Yes  No
- 2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?  Yes  No

Date and state offense/conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction: \_\_\_\_\_

- 3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?  
 Yes  No Date and state offense/misdemeanor occurred: \_\_\_\_\_

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Contact Compliance for more information at (313) 240-4377 or [detroitk12.org/admin/compliance](http://detroitk12.org/admin/compliance)

If yes, provide a detailed description of the conviction: \_\_\_\_\_

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes  No Date and state the investigation is ongoing: \_\_\_\_\_

If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_

**The Detroit Public Schools Community District** reserves the right to “approve” or “deny” volunteer service upon review of the background check returned through ICHAT. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting the background check information, is grounds for immediate denial.

**You must acquire the signature of your advisor as proof of enrollment in a college/ university if you are a Student Teacher or Practicum Worker.**

Advisor’s Name: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Advisor’s Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete a name based background check through ICHAT.

Volunteer Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

The Detroit Public Schools Community District reserves the right to require volunteers/non-employment personnel to submit to a LIVESCAN (Federal & State) review.

Please return completed form to Detroit Public Schools Community District User Department Contact Person. Questions or concerns, please contact Gwendolyn R. Washington at 313-748-6034.

**OFFICE USE ONLY (Principal/Department)**

Approved location for volunteer: \_\_\_\_\_  
Approved Date for volunteer: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
DPSCD Principal/User Department Contact Name: \_\_\_\_\_  
Contact Number \_\_\_\_\_  
DPSCD Principal/ User Department Signature: \_\_\_\_\_  
Date \_\_\_\_\_



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Chief

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Director

### Volunteer/Partnership Release and Waiver of Liability

Volunteer's Name: \_\_\_\_\_ School: \_\_\_\_\_

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of Detroit Public Schools Community District (DPSCD). I freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

- 1. Waiver and Release.** I hereby release, waive, forever discharge and covenant not to sue DPSCD, its successors and assigns, officers, employees and agents, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to DPSCD. I understand and acknowledge that this Release discharges DPSCD from any liability or claim that I may have against DPSCD with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to DPSCD or occurring while I am providing volunteer services. I hereby covenant and agree to indemnify and save harmless, DPSCD, its officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
- 2. Medical Treatment.** I hereby release and forever discharge DPSCD from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with DPSCD. I understand that I may not be entitled to workers' compensation.
- 3. Insurance.** I understand that DPSCD does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of DPSCD beyond what may be offered freely by DPSCD in the event of such injury or medical expenses incurred by me.
- 4. Assumption of Risk.** I understand that the services I provide to DPSCD may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release DPSCD from all liability for injury, illness, death, or property damage occurring from my work for DPSCD.
- 5. Photographic Release.** I grant to DPSCD the right to use photographs, images, video or audio recordings of me or my likeness made by DPSCD in connection with my providing volunteer services to DPSCD.
- 6. Discrimination laws.** I agree to follow DPSCD' policy, along with state and federal laws that forbid discrimination and harassment in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
- 7. Other.** I agree that this release is intended to be as broad and inclusive as permitted by the laws of Michigan and that this release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

**Disclosure Statement:** I hereby authorize and consent to Detroit Public Schools Community District, its agents and employees, to inquire into and undertake whatever background check of me that Detroit Public Schools Community District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers, and references or fingerprinting. I understand the information will be kept confidential to the extent permitted by law, but that Detroit Public Schools Community District, as a public entity, is subject to the State Freedom of Information Act (FOIA), as amended by 1996 PA 553 and the exemptions provided there under, as amended. I release and hold harmless Detroit Public Schools Community District its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Detroit Public Schools Community District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Detroit Public Schools Community District may, without notice or other process, reject my application to serve as a volunteer.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Group/Organization/Affiliation

Date