

Partnership Agreement 2021-2022

In the promotion of understanding and cooperation between business and schools within the Colorado Springs community,

_____ and _____
Business/Organization School/Program

hereby agree to enter into a partnership in education.

The intent of this partnership is to support student achievement and to provide mutual assistance and benefit through shared time and resources.

The goal of this partnership is:

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The objectives of this partnership are:

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The effectiveness of our partnership will be measured by:

(examples)

- Completion of the designated activities
- Feedback from students, parents, teachers and community members involved in the partnership activities.
- Consistent and timely communication between the partners.
- Creation of a Partnership in Education committee to facilitate partnership activities.
- Completion of an end-of-year partnership evaluation form distributed by Volunteer Services.

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The following partnership activities are planned:

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In reciprocation, the District, school or program plans the following:

(examples)

- Distribution of partner’s educational materials to school staff.

- _____ will conduct a kick-off event recognizing the partnership.

- _____ personnel will be invited to appropriate school activities.

- A partnership column will be created in the school paper updating parents and the community on collaborative partnership activities.

Please provide a spreadsheet itemizing the business or organization’s contribution to District 11 and the monetary value.

ALL individuals contributing to this partnership by engaging in activities with students will be required to complete a Volunteer Registration form and submit to a preliminary background check. Individuals working with students without the supervision of District 11 staff or accompanying students on an overnight field trip will be required to submit to an extensive background check at their own cost.

As partners in education, we pledge our commitment to cooperate in achieving the goals developed in this agreement.

This partnership agreement has been reviewed by:

Department

Date

Partner Representative

School/District Representative

Name (Please Print)

Name(Please Print)

Title

Title

Business/Organization

School District 11

Address – City/State/Zip

Email

Telephone

Email

Telephone

Signature

Signature

Date

Date

Review Date

Review Date