# Description: Color EED20 - 20 SW-PBS School Leadership Team Roster

**District:**

**Name of School: Date Complete:**

|  |
| --- |
| SW-PBS Team Members |
| **Name** | **Position/Title** | **Team Role** | **Email** |
|  | Administrator (**required**) |  |  |
|  | School counselor (**required**) |  |  |
|  | Regular education teacher (**required**) |  |  |
|  | Special education teacher (**required**) |  |  |
|  | Support staff(**required**) |  |  |
|  |  |  |  |
|  | School Improvement Team member |  |  |
|  | Behavior specialist |  |  |
|  | Community member (not working in school/district) |  |  |
|  | Behavioral Health Clinician (optional) |  |  |
|  |  | Internal Coach(**required**) |  |
| Team Meetings |
| **Describe monthly meeting calendar for the school year with dates, times, locations.** |
|  |

The SW-PBS School Leadership Team membership is representative of our school and the members are committed to training and understand the responsibilities of team membership for implementation. By signing this document, the Principal or Administrative Team commits to SW-PBS and is aware that SW-PBS is a 3-5 year process that will require on-going training and/or revisions of the school’s SW-PBS Plan.

**Principal’s Signature** **Date**

**Superintendent or Designee Signature** **Date**