

Williamsville Shared Decision Making  
School Improvement and Professional Development Plan Roster

School: \_\_\_\_\_

Year: \_\_\_\_\_

<u>Stakeholder Group</u>	<u>Name</u>	<u>Dates of Term</u>	<u>Signature</u>
Principal	_____		
Parent	_____		
Parent	_____		
Parent	_____		
Teacher	_____		
Teacher	_____		
Teacher	_____		
Support Staff	_____		
Business/Community	_____		
High School Student	_____		
Recent Graduate (opt)	_____		

**\*\* Indicates Chairperson**