

## Attachment C: CO-MTSS Membership Form

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### Team Membership Signature Form

Participation requires the commitment of an MTSS Leadership Team (MLT). Requirements for representation on the MLT include: (1) A point of contact (must be a member of cabinet-level administration), (2) general education representation, (3) special education representation, (4) early childhood representation, (5) family/community representation, and (6) representation from the other initiatives overseen by the BOCES/district. Suggested representation includes: Superintendent or Assistant Superintendent, Curriculum Director, Assessment/Accountability Director, Special Education Director, Culture & Equity Director, Professional Development Director, Title I Director, Student Services Director, Parent Representative Co-Chair of District Accountability Committee, BOCES Director, school-level leadership, and district--level coaches. The purpose of the MLT is to support local Building Leadership Teams (BLTs) through professional development, technical assistance, alignment, curriculum, funding, visibility, and political support.

Responsibilities/Functions of this MLT include:

- Meet at least monthly with an Implementation Consultant (IC) and other CO-MTSS Staff, and complete tasks throughout the month
- Complete assessments and action planning that best support local schools
- Facilitate professional development and technical assistance for local schools related to CO-MTSS implementation
- Attend trainings provided by CO-MTSS Staff

**Please provide the names, titles, and signatures of those who will serve on your MLT.**

**Point of Contact (cabinet level administration):** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**General Education Representative:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Special Education Representative:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Early Childhood Representative:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Family/Community Representative:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Representative from other BOCES/district initiative(s):** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_