LOCAL SCHOOL PLANNING MEETING
INPUT FORM
2025 – 2026

School Name: Rosebud Elementary School

Date: April 21st – 25th

Please return completed form to: Mrs. Hann or Ms. Foster or Ms. Jackson

TITLE I COMPONENT	DO YOU HAVE SUGGESTIONS FOR CHANGES? YES	NO	SUGGESTIONS (IF YOU CHECKED YES, PLEASE WRITE YOUR SUGGESTIONS FOR CHANGE IN THIS COLUMN)
1. School Goals			
2. The Plan…The Promise…			
3. Budget and Prioritized Wish List			

4. *What do you think staff members need to know to better assist you in supporting our child's learning?* _____