



## GENERATION WITH PROMISE GUIDE TO COMPOSITION OF TEAMS (2008-2009)

Three teams need to be formed as a required part of this grant. You may fax these forms to (313) 456-4390 or email them to: [generationwithpromise@michigan.gov](mailto:generationwithpromise@michigan.gov).

**COORDINATED SCHOOL HEALTH TEAM (CSHT):** *Required members include* the principal/assistant principal, GWP local project coordinator, PE teacher, health teacher (or other teacher if the PE and health teachers are the same), foodservice director or manager, a community member, parents of a sixth, seventh, and eighth grade student; sixth, seventh and eighth grade student from Student Action Team. *Recommended members include:* school nurse, parent organization member, school counselor, school board member, persons from local health department or MSU Extension, teachers other than PE and Health or business partners that support the health mission of your school. More members can be added based on gaps identified.

**COMMUNITY MENTOR TEAM (CMT):** The principal and GWP coordinator are required members of the team. Others should be selected based on the goals of the Action Plan and existing or desired partnerships. The titles provided in the column on the left are suggested team members but the needs of your students and focus of your Action Plan should drive the selection of members. Additional members can be added throughout the year, based on gaps identified.

Examples of people who should comprise your Community Mentor Team are: representatives from your local Health Department, ISD Regional School Health Coordinator, MSU Extension 4-H Agent, School-Community Health Alliance Member, School-Based/School-Linked Health Center Staff Member, MI Action for Healthy Kids Regional Leader, a Community/Business/Faith Leader(s), and/or representatives from other Youth Service Providers/Agencies. For help identifying these individuals, please contact your local GWP Project Coordinator.

**STUDENT ACTION TEAM (SAT):** The composition of the SAT must be consistent with the race, gender, number of students at each grade level (each grade level of the school should be represented) and representative of the diversity in academic performance of students at the school. Required members include the GWP local project coordinator and the CMT leader. It is strongly suggested that a CSHT member, not necessarily the leader, be included on the SAT. The GWP will assist the principal select students and recommendations will be invited from the CSHT.

**If someone is a member of more than one of your school teams, his/her full contact information only needs to be listed on one of the rosters.**

SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### Coordinated School Health Team (CSHT) Roster:

**School demographic information:**

Total Number of students: \_\_\_\_\_ Sixth grade: \_\_\_\_\_% Seventh grade: \_\_\_\_\_% Eighth grade: \_\_\_\_\_%

Race of all students: African American: \_\_\_\_\_% Mixed Race: \_\_\_\_\_% Caucasian: \_\_\_\_\_% Other: \_\_\_\_\_%

**Team Demographic Info:** Race of members: African American: \_\_\_\_\_% Mixed Race: \_\_\_\_\_% Caucasian: \_\_\_\_\_% Other: \_\_\_\_\_%

CSHT Member	Name	Email Address	Phone Number	Team Member / Role (✓)		
				CSHT	SAT	CMT
CSHT leader:						
Principal:						
Assistant Principal:						
PE Teacher:						
Health Teacher (if applicable)						
Other teacher:						
Foodservice Director / Manager:						
Community Member:						
6 <sup>th</sup> Grade Student:						
Alternate 6 <sup>th</sup> Grade Student						
Seventh Grade Student:						
Alternate 7 <sup>th</sup> Grade Student:						
8 <sup>th</sup> Grade Student:						
Alternate 8 <sup>th</sup> Grade Student:						
Parent of 6 <sup>th</sup> Grade Student:						
Parent of 7 <sup>th</sup> Grade Student:						
Parent of 8 <sup>th</sup> Grade Student						
Other:						
Other:						
Other:						

SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Community Mentor Team (CMT) Roster:**

<b>Team Demographic Info:</b> Race of members: African American: ____% Mixed Race: ____% Caucasian: ____% Other: ____%						
CMT Member/Title	Name	Email Address	Phone Number	Team Member (✓)		
				CSHT	SAT	CMT
Health Department Representative						
ISD Regional School Health Coordinator						
MSU Extension 4-H Agent						
School-Community Health Alliance Member or School-based/School-linked health center staff						
Michigan Action for Healthy Kids (MAFHK) Regional Leader						
Community/Business/Faith Leader						
Other Youth Service Provider/Agencies						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						
Recommendation from School Team						

SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### Student Action Team (SAT) Roster:

**Team Demographic Info:** Total Number of students: \_\_\_\_\_ Sixth grade: \_\_\_% Seventh grade: \_\_\_% Eighth grade: \_\_\_%  
 Race of students: African American: \_\_\_\_\_% Mixed Race: \_\_\_% Caucasian: \_\_\_% Other: \_\_\_%

SAT Member: <small>Please list grade if applicable</small>	Name	(Student) List Parent/Guardian's Name (Adult) List email Address (Adults)	Phone Number (Student): list Parent	Grade	Team Member (✓)	
					CSHT	SAT
* SAT Leader (if CSHT/CMT member, just list name here)		email:				
* Community Member		email:				
1 Student: Grade: _____		Parent's Name:				
2 Student: Grade: _____		Parent's Name:				
3 Student: Grade: _____		Parent's Name:				
4 Student: Grade: _____		Parent's Name:				
5 Student: Grade: _____		Parent's Name:				
6 Student: Grade: _____		Parent's Name:				
7 Student: Grade: _____		Parent's Name:				
8 Student: Grade: _____		Parent's Name:				
9 Student: Grade: _____		Parent's Name:				
10 Student: Grade: _____		Parent's Name:				
11 Student: Grade: _____		Parent's Name:				
12 Student: Grade: _____		Parent's Name:				
13 Student: Grade: _____		Parent's Name:				
14 Student: Grade: _____		Parent's Name:				
15 Student: Grade: _____		Parent's Name:				
16 Student: Grade: _____		Parent's Name:				
17 Student: Grade: _____		Parent's Name:				
18 Student: Grade: _____		Parent's Name:				
19 Student: Grade: _____		Parent's Name:				
20 Student: Grade: _____		Parent's Name:				