**CHANGE MANAGEMENT**

***for CONTINUOUS IMPROVEMENT***

Change Request Form

## Initiator INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Initiator’s first Name  | Middle name | last name | date |
|       |       |       |       |
| iNITIATOR’S pOSITION  | iNITIATOR’S SCHOOL/DISTRICT LOCATION |
|       |       |

## PROPOSED CHANGE

|  |
| --- |
| DESCRIPTION of change (or initiative) |
|       |
| RATIONALE and need for change (include data /supporting documentation that supports the change) |
|       |
| who or what group is impacted |
|       |

## connectionS tO STRATEGIC PLAN

|  |  |
| --- | --- |
| strategic goal areas | explanation |
|       |       |
| regional improvement plan Goal areas | explanation |
|       |       |
| school improvement plan goals | explanation |
|       |       |

## initiator’s Signature

|  |  |  |
| --- | --- | --- |
| NAME (PRINT) | SIGNATURE | DATE |
|       |       |       |

## leadership team’s action

|  |  |  |
| --- | --- | --- |
| [ ]  | Accept AS-IS | COMMENTS (IF APPROPRIATE)       |
| [ ]  | Accept with Revisions |       |
| [ ]  | Deny |       |

## Leadership Team signatures

|  |  |  |
| --- | --- | --- |
| NAME (PRINT) | SIGNATURE | DATE |
|       |       |       |
| AME (PRINT) | SIGNATURE | DATE |
|       |       |       |
| NAME (PRINT) | SIGNATURE | DATE |
|       |       |       |
| NAME (PRINT) | SIGNATURE | DATE |
|       |       |       |