

## Dream Team Nominations!

**\*Please return this completed form to your Goal Coach by XXXXXX\***

We can't wait to see you at your child's first Dream Team meeting! To make this first meeting as great as possible we need your help knowing who to invite. Please complete the following:

- Review the summary of what Dream Teams are and the role they play in our school model.
- Share your best contact information so we can begin scheduling the first Dream Team Meeting!
- Discuss with your child 1-3 additional people you would like to invite to participate in their Dream Team this year. This can be anyone who is important to your child, such as a sibling, a sports coach, a pastor, a godparent, etc. These people should be able to attend the three Dream Team meetings over the course of the school year.
- Add the best contact information for the individuals you are nominating to join the Dream Team so we can invite them to the first meeting once it is scheduled.

### **What are Dream Teams?**

Dream Teams are a community of supporters that work together over the course of the school year to support a scholar. They meet formally three times a year and connect informally ongoing to check in on how the scholar is doing and how they can support him/her to succeed.

### **When are Dream Team Meetings?**

Meeting 1	Meeting 2	Meeting 3
SCHOOLS TO ADD	SCHOOLS TO ADD	SCHOOLS TO ADD

### **What happens at Dream Team Meetings?**

At every Dream Team Meeting:

- Receive an update on your child's academic progress
- Reflect with your child on how they did this past trimester
- Set specific goals for the next trimester and plan what it will take to meet them
- Support your child in refining a vision for their hopes, dreams, and personal strengths

### **Parent or Guardian Information**

Name	
Phone #	
Email	

**Dream Team Nominations:** Select 1-3 people in addition to your parent(s) or primary guardian(s) to participate in your Dream Team this year.

Name	Relationship to Scholar (e.g. grandmother)	Best Phone # to reach them	E-mail
1)			
2)			
3)			

**Parent/Guardian Consent:** Please sign before your child returns this form to their Goal Coach.

I, \_\_\_\_\_, give permission for the individuals named above to be a part of my child's Dream Team and have access to my child's grades and progress reports so that each member of the Dream Team can play an active role in supporting and encouraging my child. I understand that the Dream Team will meet with my child to talk about his/her education, career goals, and related topics. I also acknowledge that I have the responsibility to notify my child's goal coach if, for any reason, I want to change Dream Team members or change the access they have to my child's information.

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

**Date:** \_\_\_\_\_