THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF SCHOOL INNOVATION
School Turnaround Office
Room 481 EBA
Telephone: (518)473-8852
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Date

Superintendent
Office
District
Address
City, State, Zip

Re: School Innovation Fund (SIF) Grant - Round 1
Implementation Period Site Visit - *Insert School Name*

The New York State Education Department (NYSED) School Turnaround Office (STO) completed its check-in visit to [*Insert School Name*] on [*Date]*. The purpose of this visit was to provide grantee support and assistance during implementation; and to determine the current level of project implementation as well as gauge its effectiveness.

The Department commends district and school staff for being well-prepared, collaborative and candid with the feedback they provided. The following chart contains a summary of the site visit and the agreed upon next steps.

Local Education Agency/School	**School/District/Lead Partner (s)**
Name of School District: *Name of School:*	*Name, Title, Affiliation*

School and District Capacity for Project Implementation	**NYSED STO Site Visit Team Feedback**
Summary of Evidence	***Strengths and Successes*** •
	Areas of Further Development, and Challenges/Barriers to Implementation •

	Potential Areas of Technical Assistance and/or Support
	•
Further Actions and Next Steps	•

Should you have any questions, or need additional information or technical assistance, please contact your STO district liaison: *[Insert NYSED STO district liaison name, email address, (518) 473-8852]*.

Sincerely,

[Insert E-signature]
NYSED STO District Liaison

cc: Sally Bachofer
Owen Donovan
[Insert names of other SED staff participating in site visit.]