



Dallas Independent School District

**MIDDLE SCHOOL  
Campus Instructional Leadership Team**

**2007 – 2008 MEMORANDUM OF AGREEMENT**

CILT Member \_\_\_\_\_ DISD Employee ID number \_\_\_\_\_

Campus \_\_\_\_\_ Campus Org. # \_\_\_\_\_

Assignment \_\_\_\_\_ Area \_\_\_\_\_ Email address: \_\_\_\_\_

**CILT Member:**

*I confirm that I have received, read and understand the Roles/Responsibilities of the CILT position. My signature verifies that I agree to attend the summer POL Academy, districtwide and Area training, provide technical assistance, and satisfy all other requirements, duties and responsibilities as stipulated for this position. I also understand that if I fail to complete the job requirements as outlined, that the stipend will be prorated according to the number of days worked or forfeited, according to circumstances determined by the principal. **NOTE: All CILT appointments are contingent upon approval of principal (current principal or newly assigned 2007 – 2008 principal, if applicable).***

CILT Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRINCIPAL:**

I certify that \_\_\_\_\_ meets the qualifications for the CILT position and is hereby selected for the specific CILT position as checked below:

- \_\_\_\_\_ Department Chairperson/Content Area Representative  
(Indicate content area: \_\_\_\_\_)
- \_\_\_\_\_ Sixth Grade Representative (only at middle school campuses with the grade configuration of Grades 6-8)
- \_\_\_\_\_ ESL/World Languages Representative
- \_\_\_\_\_ Special Education Representative \_\_\_\_\_ Special Education Liaison  
(Note: Check both blanks if one person will fulfill the responsibilities of both the CILT Special Education representative as well as those of the Special Education Liaison. If the positions are to be held by separate staff members, check only one blank.)
- \_\_\_\_\_ Student Support Team (SST) Chairperson/Counselor

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Keep originals of the Memorandum of Agreement forms on file at the campus. Fax this form to 214-321-6744 or mail to DISD Box #39, attention: Jo Wilsford.**

<b>NOTE: If applicable, please give the name and ID# of the CILT member this person is replacing:</b>	
Name	ID #