

SDMC SIP Vote November 2023

Thank you for taking the time to review the school improvement plan for 23-24 based on the district's goals.

All of your feedback has been reviewed and revisions made where possible. Please complete this form and submit this form by Tuesday, November 13th.

Again, thank you for your time :)

The respondent's email (**tondelyn.johnson@houstonisd.org**) was recorded on submission of this form.

Email *

tondelyn.johnson@houstonisd.org

Last Name

Johnson

First Name *

Tondeyn

SDMC Position *

Other Professional Staff



Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (**pamelajohnson68@gmail.com**) was recorded on submission of this form.

Email *

pamelajohnson68@gmail.com

Last Name

Johnson

First Name *

Pamela

SDMC Position *

Community Partner (Canes, Kids Hope) ▼

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (**Isaenz2@houstonisd.org**) was recorded on submission of this form.

Email *

Isaenz2@houstonisd.org

Last Name

Saenz

First Name *

Lisa

SDMC Position *

Other Professional Staff

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (p00057255@houstonisd.org) was recorded on submission of this form.

Email *

p00057255@houstonisd.org

Last Name

Grumley

First Name *

Racheal

SDMC Position *

Special Education Representative



Do you approve the final SIP document with the recommended revisions? *



Yes



No

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The respondent's email (**karen.tallon@houstonisd.org**) was recorded on submission of this form.

Email *

karen.tallon@houstonisd.org

Last Name

Tallon

First Name *

Karen

SDMC Position *

Teacher

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (**Jenelle.baptiste@gmail.com**) was recorded on submission of this form.

Email *

Jenelle.baptiste@gmail.com

Last Name

Baptiste

First Name *

Jenelle

SDMC Position *

Parent Representative

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (**sarita.mom.dad@gmail.com**) was recorded on submission of this form.

Email *

sarita.mom.dad@gmail.com

Last Name

Sung

First Name *

Annr

SDMC Position *

Parent Representative

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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The respondent's email (**holly.beery@houstonisd.org**) was recorded on submission of this form.

Email *

holly.beery@houstonisd.org

Last Name

Beery

First Name *

Holly

SDMC Position *

Teacher

Do you approve the final SIP document with the recommended revisions? *

☒ Yes

☐ No

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