# Community Schools Needs Assessment Sign Off Sheet

**Name of Principal**

**Email of Principal**

**Name of Community Schools Coordinator (CSC)**

**Email of Community Schools Coordinator (CSC)**

**Signature of Principal**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Signature of Community Schools Coordinator**

 **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

This completed form, the Needs Assessment, and all attachments must be submitted to MSDE by June 1, 2023, by email to communityschools.msde@maryland.gov.