

Liaison Appointment Form

Send the completed form to: edc.gsaadvisor@gov.ab.ca

Name of School _____

Mailing Address

Name of School Authority _____

Name of principal _____

Telephone _____ email _____

Grade Levels _____

Is this the first year requesting an appointment for a liaison at this school?

Yes No

Have you considered and/or asked for volunteers from: (check box if yes)

- teachers from staff
- support staff
- other school workers (resource officer, family and community support services worker, community workers)
- teacher from nearby school
- other affiliated adults
- other volunteers from the community

Have you informed the superintendent?

Yes No N/A

Are there any people you could recommend to serve as the liaison?

Yes No

Should there be a delay in appointment, do you have any plans for the interim?

Yes No

If yes, please outline.