



## Georgia Graduation/Dropout Prevention Project

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Name of School

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Special Education Director

GLRS Director

The following staff members from my school will be participating in the Graduation Completion Project for Students with Disabilities.

1. \_\_\_\_\_  
Administrator

2. \_\_\_\_\_  
General Education Teacher

3. \_\_\_\_\_  
Special Education Teacher

4. \_\_\_\_\_  
CTAE Teacher

5. \_\_\_\_\_  
Graduation Coach

6. \_\_\_\_\_  
Parent Representative

7. \_\_\_\_\_  
GLRS Collaboration Coach

Please complete one form for each school by Nov. 7, 2007 and return to Faith Huff, P.O. Box 1789, Cleveland, GA 30528.