



OFFICE OF SCHOOL INNOVATION  
School Turnaround Office  
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**AGENDA FOR  
SYSTEMIC SUPPORTS FOR DISTRICT AND SCHOOL TURNAROUND  
(SSDST)**

**SITE VISIT with (district name)**

**Location: (building address and room number)**

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**TO:** District Leadership Name and position  
**FROM:** STO Liaison name  
NYSED School Turnaround Office (STO)  
**DATE:** date of visit  
**SUBJECT:** SSDST Site Visit Agenda – district name  
Time of meetings

**AGENDA:**

**8:20 – 9:20** District Leadership Meeting – LEA and STO representatives – list all to be present

**9:25 – 10:00** Meeting of Major Partners and STO representatives – list all to be present

**10:00 – 10:10** Break (if necessary)

**10:10 – 10:30** Debriefing for STO (only and if necessary)

**10:30 – 11:00** Debriefing with LEA District Leadership team and STO representatives

**All information highlighted above would be changed accordingly.**