



Superintendent of Schools Event Briefing and Logistics

Directions: Please fill in all of the areas.

THIS FORM IS DUE THREE (3) BUSINESS DAYS PRIOR TO THE EVENT

Event:		
Date:		
Event Location	Building/School: Address:	Room: Phone:
Time of Event (beginning-ending)	Begins: a.m. p.m.	Ends: a.m. p.m.
Time Superintendent is to Speak	Superintendent's Arrival Time: Superintendent's Departure Time: Actual Time Dr. Dotres is to speak: Length of Time Dr. Dotres is to speak:	
Parking <i>(ex. reserved with cone, valet, in front of school/building)</i>		
Security/Police	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Officer's Name: Cell:	
Notification to School Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Press Release Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Press Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	
Seating Information	Seating (please check): <input type="checkbox"/> On stage <input type="checkbox"/> Table # <input type="checkbox"/> Other:	If at a table, names of other guests:
Team Support Staff		
Event Organizer Contact Information	District Organizer Contact Information	District Staffer to Superintendent (Needs to be available by phone)
Name: Cell: Work/Hotline: Email:	Name: Cell: Work/Hotline: Email:	Name: Cell: Work/Hotline: Email:

Superintendent's Notes		
Superintendent's Role	• •	• •
General Topics to Address <i>(In addition to script)</i>	• • •	• • •
Script/Detailed Bullets	<input type="checkbox"/> Yes, attached <input type="checkbox"/> No <i>Due three (3) business days prior to event</i>	
Special Details		
Description/Purpose of Event		
Invitees <i>(e.g., Board Members, Local ministers, CBO's, Elected Officials, M-DCPS Staff)</i>	Audience includes:	Confirmed Attendees:
Expected Number in Audience		
Attire		
Sponsor Information		
Key Guests attending whom Dr. Dotres should speak to while at the event <i>(Write a brief comment for him to make to the person.)</i>	Person: Comment: Person: Comment:	Person: Comment: Person: Comment:
If the Event is at a School Principal, telephone information	Principal: Hotline #: Cell #: Email:	
Additional Information		

Complete and submit this form to Ms. Alina Viera at AViera@dadeschools.net three days prior to the event.

Submitted by: _____ (Cabinet Member)