

**State of Alabama  
 COVID Relief Funding  
 LEA Onsite Visit Planning Template**

LEA: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name of LEA Staff Members	Position	Contact Number / Ext.	NOTES
	Federal Programs Coordinator		
	Chief School Financial Officer		
	Human Resources Coordinator		
	COVID Relief Coordinator		
	Other		
	Other		
	Other		
	Other		

**Central Office Staff Interview**

Date/Time/Location	Staff Members for Interview (List staff members name and position they represent)

**Entrance Meeting with COVID Relief Coordinator - \_\_\_\_\_**

**Exit Interview with COVID Relief Coordinator - \_\_\_\_\_**

*(If possible, we will attempt to meet in the afternoon on \_\_\_\_\_)*

**School Visits Section**

<b>Date/Time</b>	<b>School</b>	<b>School Staff for Interview</b> <i>*(List Staff Members by Position and Name)</i>	<b>Notes</b>

*\*LEA determines school staff to be interviewed.*

**Non-Public School Visits Section**

<b>Date/Time</b>	<b>School</b>	<b>School Staff for Interview</b> <i>*(List Staff Members by Position and Name)</i>	<b>Notes</b>

*\*LEA determines school staff to be interviewed.*