

FRANKLIN SCHOOL DISTRICT  
TOTAL QUALITY MANAGEMENT

**STEERING COMMITTEE MEMBERS**

**TEACHERS:** Thomas Stinson (CEA President), Sharron Fass (Teacher K – 2),  
Donna Tarantino (Teacher 3 – 5), Katherine Alfonso (Teacher 6 – 8),  
Kate McGarvey (Teacher Special Areas), and  
Elizabeth Levine (Teacher/Student Council)

**ADMINISTRATION:** John Haney, Joyce Picariello and Michele Waldron

**BOARD OF EDUCATION:** Jennifer Cooke

**SUPPORT STAFF:** David Gallagher and Gerry Kearney

**PTO PRESIDENTS:** Cheryl Coyle and Jill Frost

**STUDENT COUNCIL:** Kenneth Griffin and Kate Sohn

**PARENT REP:** Carlene Reyes

**SUGGESTIONS DOCUMENT**

**For Use By Students, Parents, Staff, and Community Members**

**PURPOSE:**

The use of the Suggestions Document is an effort to solicit ideas and suggestions from the people who are closest to any given problem that may impact the quality and/or effectiveness of our services.

**OBJECTIVES:**

To provide the means for stakeholders to bring their concerns to the attention of the TQM Steering Committee and to address these concerns in a timely fashion.

To provide a vehicle that identifies trends and concerns for the purpose of long-term planning and an continuous improvement.

**PROCEDURE:**

The TQM Steering Committee will review and refer your suggestions to the appropriate party or group.

The group to whom your suggestions/concerns is referred will review your input and contact you with any questions it may have. The responsible party or group will keep you informed of the status of your suggestion/concern.

If you wish to place your suggestion on the Agenda for the November 12 meeting, please complete this form and return it to the Main Office by November 11. Attention: Gerry Kearney .



FRANKLIN COUNTY DISTRICT  
FRANKLIN COUNTY  
2009 BLUE RIBBON SCHOOL

**SUGGESTIONS DOCUMENT**

*"A Commitment to Quality Improvement"*

**For Use By Students, Parents, Staff, and Community Members**

**Please return to the TOM Steering Committee (c/o Gerry Kearney) for Referral**

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Telephone No.: Day: \_\_\_\_\_  
Evening: \_\_\_\_\_

1. Identify the problem:

2. List your concerns:

3. Describe possible solutions/suggestions:

4. Describe how to implement the solutions/suggestions above:

5. Check the category below that best defines the nature of your suggestion:

Cost Savings     Innovation/Improvement     Safety     Procedure     Other

Date Reviewed by TQM Steering Committee: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Form updated: 11/4/09