

COMMITTEE GOALS



GOAL #2 - SCHOOL ADVISORY BOARD PARTICIPATION AND ASSESSMENT

Date: _____

COMMITTEE INFORMATION:

_____	_____
Committee Name	Committee Number
_____	_____
Participating Committee Member	Participating Committee Member

SCHOOL INFORMATION:

_____	_____
Name of School	School Address
_____	_____
School Advisory Board Chairman	School Contact Phone (s):

School Contact Email (s):	

COMPLETE ONE OF THE FOLLOWING:

CREF Grant Application Submission Date: _____

School Needs Assessment Sent to BDP Date: _____

NOTES:

Committee Chair Signature: _____

Date: _____

Submit this completed Committee Goal form by uploading it to the Committee Portal.