



2023 COMMITTEE GOALS

SCHOOL ADVISORY BOARD PARTICIPATION AND ASSESSMENT - GOAL #2

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.