

Date

School Year

District Committee or District Work Team

COMMITTEE / WORK TEAM NAME: _____

COMMITTEE / WORK TEAM CHAIRPERSON: _____

CHARGE OF THE COMMITTEE:

Empty rectangular box for charge of the committee.

COMMITTEE / WORK TEAM DURATION: _____

school year, on-going, etc.

TENTATIVE MEETING SCHEDULE: _____

weekly, monthly, quarterly, etc.

MEMBERSHIP NEEDS / REQUIREMENTS & COMPOSITION:

Empty rectangular box for membership needs and composition.

MEMBERSHIP RECRUITMENT:

- Volunteers recruited from website or portal
- Volunteers solicited

MEMBERSHIP SELECTION & CRITERIA TO BE USED:

Empty rectangular box for membership selection and criteria.

FISCAL IMPACT & FUNDING SOURCE: _____

Cabinet Use Only:

Approved for Committee / Work Team Creation and Membership Recruitment

Request Denied