

School Advisory Council Meeting

School: _____

Date: _____ Time: _____

Members in Attendance:

High School: Principal, Assistant Principal, Counselor, Academic Faculty Member, Non-Academic Faculty Member, Certificated Employee Agent Faculty Member
Middle School: Principal, Assistant Principal, Counselor, Academic Faculty Member, Non-Academic Faculty Member, Certificated Employee Agent Faculty Member
Elementary School: Principal, Certificated Employee Agent Faculty Member, Primary Grade Representative, Intermediate Grade Representative

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Issues of concern or discussion shall first be communicated to the person(s) involved in the matter with the objective of resolving the issues informally and making it clear that a review by the School Advisory Council may be considered. Policy AA422NEG III. 1.

1. Concern: _____

Suggested Solution: _____

Discussion: _____

Action Item: _____

2. Concern: _____

Suggested Solution: _____

Discussion: _____

Action Item: _____

3. Concern: _____

Suggested Solution: _____

Discussion: _____

Action Item: _____

Approve Professional Days

Who: _____ Why: _____ When: _____

Approve Professional Days

Who: _____ Why: _____ When: _____

Approve Professional Days

Who: _____ Why: _____ When: _____

Recognitions: _____

Next Meeting: _____

Please send a copy of approved minutes to all faculty and the appropriate Administrator of Schools