

_____ PTA/PTSA

COMMITTEE PLAN OF WORK

20_____-20_____

Officer/Chairperson Name: _____

Responsibilities/Duties:		
Goal: <i>Check all areas event achieves....</i> <ul style="list-style-type: none"> <li style="width: 50%;">• Welcoming All Families <li style="width: 50%;">• Speaking Up for Every Child <li style="width: 50%;">• Communicating Effectively <li style="width: 50%;">• Sharing Power <li style="width: 50%;">• Supporting Student Success <li style="width: 50%;">• Collaborating with the Community 		
SPECIFIC ACTION STEPS	START DATE	COMPLETION DATE
Budget:		
Resources/Communications Plan:		
Evaluation Process:		
Committee Members:		

Event: _____ Date and Time: _____

Location: _____ Expected attendance: _____

Plan approved: _____ *President's Signature:* _____
 (Date)