

_____ PTA/PTSA

COMMITTEE PLAN OF WORK

20____-20_____

Officer/Chairperson Name: _____

Position: _____

Year: _____

Responsibilities/Duties:		
Goal:		
SPECIFIC ACTION STEPS	START DATE	COMPLETION DATE
Budget:		
Resources:		
Evaluation Process:		
Committee Members:		

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