

ECCC PTA/PTSA
COMMITTEE PLAN OF WORK
2021 - 2022

Officer/Chairperson Name: _____

Position: _____

Year: 2021 - 2022

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

Plan approved: _____
 (Date)

President's Signature: _____