



School: _____

ELAC RECOMMENDATION FORM

TO: SSC Principal Other: _____

Single Plan (SPSA)

ELAC Meeting Date: _____

R-30 Language Census

Topic: _____

Needs Assessment

Agenda Item: _____

Student Attendance

Other: _____

Recommendation(s):

Justification:

Response to ELAC*:

SIGNATURES

ELAC Chairperson: _____

Date: _____

Principal: _____

ELAC Secretary: _____

NOTE: Any item(s) that is voted on by the School Site Council (SSC) must be recorded in the minutes. Information should include the issue(s) voted upon and name(s) of persons both making and seconding the motion. Record if motion was passed by vote count or by consensus. (Include voting members)

***ATTACH A COPY OF SSC MINUTES REFLECTING ELAC RECOMMENDATIONS DISCUSSED AND SSC RESPONSE TO SUCH RECOMMENDATIONS**