

\_\_\_\_\_ PTA/PTSA

**COMMITTEE PLAN OF WORK**

20\_\_\_\_-20\_\_\_\_\_

Officer/Chairperson Name: \_\_\_\_\_

Position: \_\_\_\_\_

Year: \_\_\_\_\_

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

Plan approved: \_\_\_\_\_ President's Signature: \_\_\_\_\_  
 (Date)