

Centinela Valley Union HS District

School: _____

PARENT RECOMMENDATION FORM

TO: SSC Principal DSLT Other: _____

- | | |
|--|--|
| <input type="checkbox"/> Student Attendance | <input type="checkbox"/> Parent Involvement Policy/School-
Parent Compact |
| <input type="checkbox"/> Single School Plan (SPSA) | <input type="checkbox"/> Parent Involvement Opportunities |
| <input type="checkbox"/> R-30 Language Census | <input type="checkbox"/> Student Support Services and
Programs |
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Local Control Accountability Plan | |

What Parent Advisory Group do you belong to?

Circle One: ELAC DELAC SPAC DPAC Other/None _____
Name if "Other"

Meeting Date: _____

Topic: _____

Agenda Item: _____

Recommendation(s): _____

Justification: _____
