

ADVISORY COMMITTEE REPORT

School _____ Program _____

Instructor _____ Date & Time of Meeting _____

A minimum of ONE formal meeting report must be submitted each year to your 5 yr folder on Ctyou.

Region N NE S SE

(See ICAT website for Advisory Committee Handbook)

*ADVISORY COMMITTEE MEMBERS	FIRM/POSITION	CONTENT AREA(S) REPRESENTED	PRESENT	
			YES	NO
1.	Administrator		<input type="checkbox"/>	<input type="checkbox"/>
2.	Business		<input type="checkbox"/>	<input type="checkbox"/>
3.	Business		<input type="checkbox"/>	<input type="checkbox"/>
4.	Academic Teacher		<input type="checkbox"/>	<input type="checkbox"/>
5.	Parent		<input type="checkbox"/>	<input type="checkbox"/>
6.	FCCLA Member		<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>

*Designate new members with an asterisk.

❖ List major recommendations made by the advisory committee.

❖ What actions have been or will be taken regarding recommendations?

