

ADVISORY COMMITTEE REPORT

Minimum of ONE formal meeting report must be submitted each year.

School _____ Program _____

Instructor _____ Date & Time of Meeting _____

Region C N NE SE SW

*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?
