

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date		Agenda Item Number
	Open Agenda ___ Yes ___ No	Special Order Request ___ Yes ___ No

TITLE:			
REQUESTED ACTION:			
SUMMARY EXPLANATION AND BACKGROUND:			
SCHOOL BOARD GOALS:	___ •Goal 1: High Quality Instruction ___ •Goal 2: Continuous Improvement ___ •Goal 3: Effective Communication		
FINANCIAL IMPACT:			
EXHIBITS: (List)			
BOARD ACTION:	SOURCE OF ADDITIONAL INFORMATION:		
(For Official School Board Records' Office Only)	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 70%;">Name</td> <td style="border: none; width: 30%;">Phone</td> </tr> </table>	Name	Phone
Name	Phone		

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(Type: Senior Leadership Team's Name & Title Here)
(Type: Department's Name Here)

Approved in Open Board Meeting on: _____

By: _____ School Board Chair

Form #4189
 Revised 12/12
 RWR/(Type your Senior Leadership Team's initials here / Type your initials here)