Date: *<Insert Date of Board Meeting>*

For ACTION \_\_X\_\_\_

For INFORMATION \_\_\_\_

Board Agenda: Yes \_x\_

No \_\_\_

**FROM:** *<Insert Name>,* Chair

 *<Insert Committee Name>* Advisory Committee

**THROUGH:** *<Insert Name of Staff Liaison, Job Title>*

 *<Insert Name of Department Chief, Job Title>*

 *<Insert Name>,* Superintendent of Schools

**TO:** *<Insert Name>*, Chair, and

Members of the Alexandria City School Board

**TOPIC:** ***<Insert Committee Name>* Scope of Work for *<Insert Year>***

**SUMMARY**: The *<Insert Committee Name>* Advisory Committee activities during the *<Insert Year>* school year will focus on…

**BACKGROUND:**

**RECOMMENDATION:** The Superintendent recommends that the School Board approve the *<Insert Committee Name>* Scope of Work for *<Insert Year>.*

**IMPACT:**

**ATTACHMENTS:**

**CONTACT:** *<Insert Committee Chair’s contact information>*