

# LCAP PAC Application

---



## Overview

In 2013-14, the state of California implemented the Local Control Funding Formula (LCFF). LCFF requires the development of a Local Control and Accountability Plan (LCAP), which describes goals for student achievement and connects district spending to those goals. One key aspect of the LCAP process is the engagement of parents/guardians and students — including foster youth and those from low-income and English Learner communities — in providing input and feedback.

## What is the LCAP Parent Advisory Committee?

The LCAP Parent Advisory Committee (PAC) meets monthly to receive information which helps them to understand the rules as well as the goals, actions, and services contained in the LCAP. Also, members provide insight and opinions for the Board of Education and the Superintendent to consider. Finally, committee members communicate with their community, share their knowledge about the LCAP, and provide feedback to the District. School districts must consult with all stakeholders (teachers, principals, other school personnel, parents, and students) in developing the LCAP, but the LCAP PAC will provide written comments to which the Superintendent responds

## Why serve on the LCAP Parent Advisory Committee?

The LCAP Parent Advisory Committee (PAC) is a valued parent group with a front-row seat to district decision-making. Members of the LCAP PAC will have the opportunity to understand and impact the services provided to students across the district, but in particular students targeted by the law: low income students, English learners, foster youth and homeless.

## Committee Demographics

Sixteen (16) PAC members will be appointed by the Board of Education. Community members as well as SCUSD staff are welcome to apply, as PAC members will reflect the demographics of the district.

The Board of Education will strive to ensure representation in all of the categories below:

- Parents/caregivers (in a strong majority)
- Those who represent students in the LCFF designated demographic groups (low income, English learners, foster youth and homeless) as well as other significant demographic groups.

## LCAP Parent Advisory Committee Application

Submit the application to SCUSD Board of Education, Box 701, 5735 47th Ave., Sacramento, CA 95824. **Deadline to apply is September 14, 2018 at 5 pm.**

*If you have questions or need assistance, please contact Sheila Domondon at sheila-domondon@scusd.edu or (916) 643-9314. Please note while we will maintain the privacy of personal identification information, answers to questions may be shared publicly.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Trustee Area (or Your School Board Member): \_\_\_\_\_

*I am a (select all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Parent or Caregiver  | <input type="checkbox"/> Former Parent or Caregiver |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Staff Member / Role: _____ |
| <input type="checkbox"/> Community Member/Partner Organization Name, if applicable: _____ |   |

Which school(s) do your student(s) attend / do you represent?

To ensure representation of all student groups on this committee, we request that you check the boxes that best describe you and/or your student. *Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Low Income                 | <input type="checkbox"/> Hispanic/Latino  |
| <input type="checkbox"/> English Learner            | <input type="checkbox"/> Asian            |
| <input type="checkbox"/> Students with Disabilities | <input type="checkbox"/> African American |
| <input type="checkbox"/> Homeless                   | <input type="checkbox"/> White            |
| <input type="checkbox"/> Foster Youth               | <input type="checkbox"/> Other _____      |
|   | <input type="checkbox"/> Decline to state |

Please include information about your history of service (School Site Council, English Learner Advisory Committee, PTA/PTO, political or fraternal organization, neighborhood association, etc.).

What interests you about serving on this committee? Whose voice do you represent?

Give examples of how you have worked collaboratively in a group setting, including any experience with challenging dynamics.

Please describe your understanding of, and comfort level with, the advisory role of the work conducted on this committee.

## Committee Responsibilities

Serving on the LCAP Parent Advisory Committee requires a significant commitment of time including, but not limited to, attending meetings and trainings as well as engaging in community outreach. Excessive unexcused absences will result in a member being replaced with an alternate.

Please indicate your understanding of, and agreement with, the following LCAP committee responsibilities:

	Check if Agreed
I agree to commit to one evening per month from September – May.	<input type="checkbox"/>
I agree to participate in a half-day orientation.	<input type="checkbox"/>
I agree to attend at least one district LCAP workshop (90 mins./evening).	<input type="checkbox"/>
I will consider serving a multi-year (2+) term.	<input type="checkbox"/>
I agree to participate in outreach opportunities including, but not limited to, gathering input from my stakeholder community as a Public Education Volunteer.	<input type="checkbox"/>
I agree to work collaboratively with other members of the committee and district staff throughout the process.	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_