

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
BOARD OF EDUCATION

Item 11.1

Meeting Date: September 1, 2016

Subject: Local Control and Accountability Plan ( LCAP) Stakeholder  
Engagement 2016-17

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

Division: Strategy and Innovation Office

Recommendation: Receive updated information on the 2016-17 LCAP  
community engagement process.

Background/Rationale: This presentation will provide an overview on how the  
district intends to actively solicit input from stakeholders in developing the 2017-  
18

Board of Education Executive Summary


Strategy and Innovation Office

# Board of Education Executive Summary

## Strategy and Innovation Office

LCAP Stakeholder Engagement 2016-17

September 12, 2016





## 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

## 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 Friday, September 30, 2016 at 5 pm. Applications submitted after that time will not be processed. Please do not include attachments.

If you have questions or need assistance, please contact Anne Maretti at [anne-maretti@scusd.edu](mailto:anne-maretti@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):

Parent or Caregiver

Former Parent or Caregiver

Student

Staff Member / Role: \_\_\_\_\_

Community Partner / Organization Name: \_\_\_\_\_

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. Select all that apply.

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