East Goshen Elementary School H.S.A. Committee End-of-Year Report 2017/18 School Year

Please answer all questions and email to <u>robynking4hsa@gmail.com</u> or <u>kbeck36369@yahoo.com</u>. If there are additional attachments that can't be emailed, please indicate so and place them all together in the HSA basket in the office.

 Name of Committee Name of Committee Phone #: 		email:		
4. # of Committee Members:		5. How many meetings were needed?		
6. Briefly describe the n	nain activities of	this committee:		
7. Start date for work o	n this committee	e:		
8. What faculty and/or what purpose?	staff members n	need to be contacted	d regarding this committee's activities?	For
what purpose:	Who?	Why?		
9. Do any special mater you place the order?	ials need to be o	ordered for use by tl	his committee/for this event? If so, whe	en do
	n for outside peo Name:		tant to this committee's work: Phone#	
11. Step-by-step checkl	ist of the commi	ttee's activities:		
12. Cost/budget?				
13. What worked espec	cially well for this	s committee this yea	ar?	
14. What changes or im	nprovements wo	uld you suggest for	this committee?	
Additional comments:				