

# LPAC Member Roster School Year \_\_\_\_\_

<b>Date:</b>
<b>Independent School District/Charter School:</b>
<b>Campus:</b>

LPAC Members			
Role	Name	Date of Training	Signature
Bilingual or ESL Educator			
Campus Administrator			
Parent Representative			
Parent Representative (additional)			
Parent Representative (additional)			
ARD Committee Representative (optional)			
Other (optional):			
Other (optional):			
Other (optional):			