



SCHOOL COMMITTEE

OPEN SESSION MINUTES DECEMBER 5, 2017

Meeting:	School Committee
Date:	December 5, 2017
Location:	MERMHS Library
Attendees:	Pamela Beaudoin, Superintendent of Schools, Avi Urbas, Director of Finance , Ann Cameron, Chairman, Julie Riordan, Co-Chairman, Shannon Erdmann, Caroline Weld, Sarah Wolf, Ken Warnock, and Rachel Fitzgibbon.
Absent:	None.
Guests:	Allison Collins (Middle School Principal), Sharon Stewart (Health Services Review Report), MERSD Nursing Staff: Donna Smith, Cyndi Aldrich, and Joanne Seaman. Julie DeRoche, Director of Curriculum & Instructional Technology.
Recorded by:	Adele Ardolino, Secretary

A. Call to Order

Ms. Cameron called the School Committee Business Meeting Open Session to order at 6:07 p.m. The Cape Ann Channel was not available to film this meeting.

B. Business Meeting Open Session

- 1) **Public Comment:** None.
- 2) **Student Report:** None.

3) Chairman's Report: None.

4) Consent Agenda

- Acceptance of Warrants: Vouchers 1029 through 1031.
- Minutes from November 21, 2017 meeting.

Ms. Wolfe made a motion to approve the Warrants, and the minutes as edited. Ms. Fitzgibbon seconded the motion. Vote: Unanimous by Ms. Beaudoin, Mr. Urbas, Ms. Cameron, Ms. Riordan, Ms. Wolf, and Ms. Fitzgibbon. Ms. Erdmann, Ms. Weld, and Mr. Warnock abstained from voting because they did not attend the November 21, 2017 meeting.

5) Sub-Committee Reports

- Elementary Facilities (Caroline Weld/Ann Cameron)
Ms. Cameron reported that they had a meeting last week and began to discuss the PSR (Preliminary Schematic Report), which will be submitted in February, and the PDP was submitted. In an effort to communicate with the public, some of the School Building Committee members attended the Pancake Breakfast in Essex and received some positive feedback. There is a Master Planning Session in the cafeteria in this school this evening, and Mr. Gordon Brewster will be there to represent the School Building Committee. We will be attending the Senior Luncheon this Saturday to discuss the building project. The Community meeting will be on January 31, 2018.
- Finance Committee (Ann Cameron/Shannon Erdmann)
Ms. Cameron reported that there is a Collaborative meeting on Friday, December 8th to discuss the December 19th meeting regarding Capital Budgets. The Three Board meeting was held on November 29th, and it went well. Ms. Erdmann stated that the Chairman of the Financial Committee thought it was a productive meeting. The School Building Committee meeting is Tuesday, December 12th, and the Tentative Budget Hearing is on Wednesday, December 13th.
- Policy Committee (Rachel Fitzgibbon/Ken Warnock): Ms. Fitzgibbon reported that the Policy Committee met last Tuesday to update the website. Ms. Beaudoin stated that the Article was submitted this morning, and the new App is ready to go live in the near future.
- Negotiation Team (Sarah Wolf/Julie Riordan):
Ms. Riordan reported that the 8 hour IBB training is scheduled sometime during the week of January 22nd is confirmed, but an actual date has not been set at this time. Ms. Beaudoin stated that they are looking at January 23, 24, and 26.

6) Continued Business

Health Services Review Report: Ms. Sharon Stewart stated that the entire MERSD faculty participated and assisted with this report and commented that the schools, staff, and nursing staff are outstanding. Everyone she encountered was warm, welcoming, and helpful. Ms. Stewart explained that she had a lengthy meeting with Superintendent Beaudoin and Ms. Allison Collins regarding the entire 24 page report, based on extensive interviews, various data and documents, health care student document reviews (**no personally identifiable information**) and surveys of other districts.

Ms. Stewart makes reference to Medical Miracles in her presentation and explained that there are children in the school system who were medically fragile at birth, encountered some type of medical event and have survived through medical advancements, and these children are entitled to an education, but require special attention.

Ms. Stewart stated that the over-arching question I was asked to address was "How are we doing with our Health Services?" Ms. Stewart reviewed the slide presentation as follows:

Questions

What are the strengths of the current programs/services?

Are there any vulnerabilities in the current construct of programs/services that warrant attention?

Are there health requirements that are changing or evolving that may require different service models, programs, and/or staffing patterns?

Is the current staffing pattern appropriate for the needs of the students and are there any fluctuations in the demand for health services that requires attention?

Are there any recommendations for the administration to consider in its short and long term planning for the students/district?

Program Evaluation Methodology

The program evaluator conducted 1:1 and small group interviews of key staff across the district:

The program evaluation included:

- Confidential interviews of nurses, principals, director of curriculum (1:1).
- Confidential small group interviews with Health teachers, guidance, school adjustment, and BCBA staff.
- Interviews were 30" – 90" in length.

- Survey (on-line and anonymous) for all staff, all parents, and high school students.
- Review of many documents describing protocols, curricula, YRBS executive summary, School committee budget hearing presentation, nursing visit data, state of MA DPH/School Health office Manual.
- **NO** documents contained any personally identifiable information, meaning the ‘nursing visit’ data was purely information about type/frequency/duration/month of visits/medical need/parent communication.
- Review of demographic data available on district and DESE websites.
- Survey of other districts’ nursing staffing patterns.

Participation Across School Community

All staff interviewed were highly professional and eager to participate and answer questions, share their experiences and insights.

All staff the evaluator encountered throughout the building during interviews were pleasant, welcoming, and professional.

Parents were thoughtful in their comments.

High School Student were articulate and straightforward in their comments.

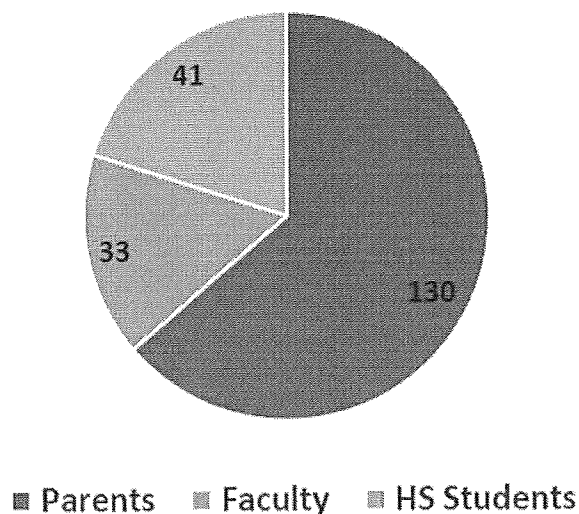
Staff offered helpful insights through both the survey and interviews.

Survey Response by Role

Parents Faculty HS Students

The survey included both rank order type questions, as well as several open-ended questions which allowed and encouraged comments.

There were 130 comments from Faculty, 338 comments from Parents, and 91 comments from Students that were also read/reviewed in the survey analysis process.



Recommendations

District administration for engaging this type of program review.

District staff for their professionalism, clear and consistent commitment to the students and families; administrative assistant help in scheduling and communicating with faculty (Rosie Read-terrific!).

Health Educators – Incredibly knowledgeable, passionate, and admired by colleagues, students and parents.

Nursing staff for their dedication to not only their students and families, but also to the district

- The Nurses have a clear sense of respect and admiration for one another.
- They share the responsibilities of a ‘nurse leader’ across the district, promoting close communication and fostering their collegial attitudes and approach to their work.
- Understand current health issues, protocols, and ensure documentation of services is thorough and complete, while maintaining appropriate and supportive relationships with their students and families.
- Collegial approach to work, collaborating when and where appropriate, while maintaining confidentiality as required.

Key Findings

School Nursing is one of the most dynamic facets of any school district.

- *“In this new millennium, school health programs are experiencing unprecedented challenges and opportunities for nurturing the education, health, and well-being of students and their families. Changing societal norms and escalating needs, as well as expanding knowledge in the field, require that school health programs continue to evolve.”* (MA DPH School Health Manual).

Key Findings—Common Themes

- Nurse Staffing patterns, including access to substitute nurses.
- Role and responsibility clarification, particularly around addressing the mental health needs of students, for nurses and guidance, counseling, psychology staff.
- Communication channels and protocols are not always clear, both between staff members and with parents; information regarding resources, procedures and expectations are not always clear or easy to find for parents.
- District-wide SHAC or Health & Wellness Committee is needed to help oversee and steer health programs and services.
- Health education curriculum maps and grade to grade content is in the process of review and this is an opportunity to systematically and collaboratively ensure pertinent health issues are strategically addressed.

(NOTE: The middle and high school health teachers work collaboratively in aligning the curriculum for those grade levels; there is a new health/PE educator at one of the elementary schools and a new district-wide director of curriculum, so facilitating collaboration will be important.) Not every area identified as a ‘theme’ is addressed in this ‘highlights’ presentation; a few topics identified through comments are already well known to the district administration and through review of multiple documents, artifacts, and interview notes are clearly identified and resourced.

Recommendations

Renew the Student Health Advisory Committee (SHAC) or a Health & Wellness Committee, and ensure that all faculty understand its purpose, how to raise questions or concerns through the SHAC, and that there is a broad base of faculty role and level, as well as parent opportunities to participate by scheduling the meeting day/time at a realistic time to encourage participation.

Develop communication protocols and channels that are clear to staff and parents regarding how/when/and with whom key health data and information is shared, and who is primarily responsible for follow up and any collateral contacts communication.

Develop district wide role/job descriptions for Nurses and Guidance/SAC/ Psychologist regarding protocols for identifying and supporting the mental health needs of students.

- This district-wide approach will ensure common priorities and practices are uniformly addressed and also help to ensure these roles are not vulnerable to 'personal preference', of either the individual fulfilling a role or that of her/his Principal.

Develop a mechanism for periodic review of student population health needs and how/when specific types of health needs may impact a school nurse's time and availability to serve the general health needs of the population in each school. Consider ways to streamline the nurses' many and vital documentation & paperwork responsibilities; keeping accurate and complete records in a manner consistent school to school and consistent with state mandates, all in a timely manner, is challenging; this evaluator acknowledges that the current nurses are diligent and thorough, but often because they choose to use their own personal time by coming into work early and/or staying late.

Examine ways to add to the nursing staff at the combined middle school, high school campus; nursing encounter data revealed more students to maintain records for, more mandates and required communication, more visits and phone calls with families than at the elementary level.

Question and Answer Period

Mr. Warnock asked about the extent of privacy protection on students' health information. The MERSD nurses replied that they are the only ones who can access personal information.

Ms. Wolf asked if there was specific ASPEN training, and Ms. Aldrich replied that they (the nurses) have had training and there is an ASPEN support group. Mr. Steve Kwiatek (MERSD IT) has also been very helpful with the technology.

Ms. Fitzgibbon asked about the Health Education at the Elementary School level and if it is modeled like the Middle and High Schools. Ms. Aldrich replied that it is a PE and Health Teacher (wellness) at the Elementary School, and Health Teacher at Middle/High School. Ms. Cameron asked if there are plans to reinstate the Health and Wellness Committee, and Ms. Beaudoin replied that there is and they will be meeting in January, 2018. Ms. Cameron asked who owns the responsibility for Health and Wellness, and Ms. DeRoche said that she is responsible, and the curriculum alignment will be managed by her office.

Ms. Cameron asked if there is any admin support for the nursing staff, and Ms. Collins replied that there is one additional nurse one day per week. Ms. Beaudoin stated that Ms. Seaman and Mr. Kwiatek are working to enter the emergency and other data electronically, instead of on a paper card.

Ms. Cameron thanked Ms. Stewart for her report, and Ms. Donna Smith, Ms. Cyndi Aldrich, and Ms. Joanne Seaman (MERSD nursing staff) for all they do and how much they are appreciated on behalf of the School Committee.

SEL Review: Ms. Julie DeRoche, Director of Curriculum & Instructional Technology and Ms. Allison Collins, Principal of the Middle School.

Ms. DeRoche distributed a publication by TIME—*The Science of Emotions*.

Ms. DeRoche stated that the SEL is relative to the Health Services, and attended the Yale RULER training during the summer. Ms. DeRoche explained her slide presentation as follows:

MERSD Social Emotional Learning

What is SEL?

The Case for Social and Emotional Learning Social and emotional learning (SEL) is the process through which children and adults acquire the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. **Social and emotional skills are critical to being a good student and citizen.**

Extensive research, including a meta-analysis of 213 studies, has shown that programs designed to promote social and emotional competence in students produce important outcomes including improvements in standardized academic test scores that are, on average, 11 percentile points higher for students who received SEL programming compared to students who did not receive SEL (Durlak et al., 2011).

In addition, high-quality instruction in SEL has been associated with reduced problem behaviors including conduct problems, drug use, and violence (e.g., Botvin et al., 1995; Farrell & Meyer, 2001). The cost effectiveness of these approaches has also been established in a recent report finding that programs designed to promote social and emotional competence produce, on average, a benefit to cost ratio of 11:1 (Belfield et al., 2015).

Research-Based Recommendations DESE

Table 1. Developmental Tasks of Social and Emotional Competence Across the Grade Spans*

Preschool	<ul style="list-style-type: none"> • Become and be engaged, socially and academically, • Manage emotions (appropriately for a young child), especially with adult support. • Stay connected to adults, while beginning to develop peer relationships. • In play and learning, pay attention and follow directions, wait, sit still, and effectively join and leave groups.
Elementary	<ul style="list-style-type: none"> • Become increasingly successful at navigating peer relationships and friendships independent of adult support. • Show and share emotions appropriately, and with appropriate people.
Middle and High School	<ul style="list-style-type: none"> • Form closer relationships with peers of both genders. • Manage increasingly complex academic content and tasks, with increasing independence from adults. • Effectively manage transitions to middle and high school. • Increase independence from adults. • Begin preparing for adult roles (e.g., become more nurturing to younger children, begin preparing and practicing for work roles). • Develop an ethical value system that allows for responsible decision-making and responsible behavior toward self and others.

*Drawn from Denham (2015).

SOCIAL AND EMOTIONAL LEARNING (SEL) COMPETENCIES

SELF-AWARENESS

The ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

- IDENTIFYING EMOTIONS
- ACCURATE SELF-PERCEPTION
- RECOGNIZING STRENGTHS
- SELF-CONFIDENCE
- SELF-EFFICACY

SELF-MANAGEMENT

The ability to successfully regulate one's emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals.

- IMPULSE CONTROL
- STRESS MANAGEMENT
- SELF-DISCIPLINE
- SELF-MOTIVATION
- GOAL SETTING
- ORGANIZATIONAL SKILLS

SOCIAL AWARENESS

The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.

- PERSPECTIVE-TAKING
- EMPATHY
- APPRECIATING DIVERSITY
- RESPECT FOR OTHERS

RELATIONSHIP SKILLS

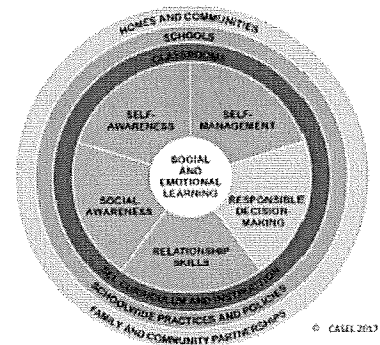
The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

- COMMUNICATION
- SOCIAL ENGAGEMENT
- RELATIONSHIP BUILDING
- TEAMWORK

RESPONSIBLE DECISION-MAKING

The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

- IDENTIFYING PROBLEMS
- ANALYZING SITUATIONS
- SOLVING PROBLEMS
- EVALUATING
- REFLECTING
- ETHICAL RESPONSIBILITY



What do the SEL competencies mean?

- **Self-awareness:** The ability to accurately recognize one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations and possessing a well-grounded sense of confidence and optimism.
- **Self-management:** The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.
- **Social awareness:** The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.
- **Relationship skills:** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.
- **Responsible decision making:** The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the wellbeing of self and others

SEL and Whole Child Initiative

Whole Child		
Goal 1: Develop and articulate a Pre K-12 social emotional program strand.		
Strategies	Resources & Responsibilities	Deliverables Measures of Implementation Documentation
Research, pilot, and implement curricula, programs, and strategies that promote <u>Universal Design for Learning (UDL)</u> , <u>Positive Behavioral Intervention Supports (PBIS)</u> , and <u>Social Emotional Learning (SEL)</u> .	<p>Superintendent in collaboration with</p> <ul style="list-style-type: none"> Director of Curriculum & Technology Director of Student Services Principals Teacher leaders <p>Resources: ASCD Whole Child Assessment Tools, New England League of Middle Schools (NELMS)</p>	<p>FY 17</p> <ul style="list-style-type: none"> Conduct the ASCD Whole Child needs assessment PreK-5 (Spring) Conduct NELMS MS Needs Assessment Implement UDL-Disability Awareness Training K-5 Identify the district's K-12 SEL expectations/recommendations Review current 6-12 Health/Wellness program Launch High School Wellness Program <p>FY18</p> <ul style="list-style-type: none"> Implement Disability Awareness Training 6-12 Create district document identifying the UDL, PBIS, and SEL Identify the school/grade-span programmatic elements Research and pilot programs to support school-based elements Pilot and assess comprehensive health/wellness curriculum (6-12) <p>FY19</p> <ul style="list-style-type: none"> Implementation of PBIS @ MS & HS Implementation of a comprehensive health/wellness curriculum (6-12)
Review program design, structural/resource organization and utilization to ensure optimal impact on whole child/student achievement	<p>Superintendent in collaboration with</p> <ul style="list-style-type: none"> Director of Curriculum & Technology Director of Student Services Principals Teacher leaders <p>Resources: Teachers 21,</p>	<p>FY 17</p> <ul style="list-style-type: none"> NELMS Assessment MS Develop school-based NELMS Action Plan HS Schedule Development/Training Elementary Special Education Program Review Development of District-wide homework guidelines <p>FY18</p> <ul style="list-style-type: none"> Implementation of NELMS Action Plan Year 1 MS Special Education Program Review HS Schedule Implementation

Current Curriculum

PreK-5:

- Responsive Classroom
- Second Step
- Project Adventure

6-12:

- Health and Wellness Curriculum
- Middle School Academy
- Interdisciplinary Units
- Anti-Defamation League
- Facing History and Ourselves
- Project Adventure

District & Community:

- District Wellness Committee
- MEHUB
- Parent Information and Speaker Series

Bullying and Cyberbullying Prevention PreK-12

K-5 Curriculum

- Bullying & Cyberbullying Prevention (Dr. Elizabeth Englander Massachusetts Aggression Reduction Center)

6-12 Curriculum

- Bullying & Cyberbullying Prevention (Dr. Elizabeth Englander Massachusetts Aggression Reduction Center)

Yale RULER Timeline

Phase 1: Train-the-Trainer June 2017-August 2017

Participants learn about the foundations of emotional intelligence, what the RULER approach is, and how to make RULER part of their school. Participants learn how the four RULER Anchor tools help to create a supportive and caring school climate while also teaching emotional intelligence skills to students and adults. After the Anchor Tools become part of the everyday routine of the school, participants return to Yale to learn about RULER's Feeling Words Curriculum which ties directly to standard literacy and social studies curricula, to strengthen academic instruction while also expanding students' vocabulary and skills at understanding and managing their feelings. The RULER Anchors tools include:

- Charter
- Mood Meter
- Mentimeter
- Blueprint

RULER Timeline

Phase 2:

- September 2017-June 2018
- Teacher Training on PD days and faculty meetings
- Final Charter Creation (December 6)
- Mood Meter/Meta-Moment/Blueprint Trainings (Jan 2018-June 2018)
- Summer 2018: Development of school implementation timeline

RULER Timeline

Phase 3:

- Implementation in Schools
 - Charter
 - Mood Meter
 - MetaMoment
 - Blueprint
- Surveys and Feedback
- Review, Revision, & Additional Training (as needed)

RULER Timeline

Lasting Results

- **RULER is a Self-Perpetuating Program**

By the end of Phase 2, the district has its own RULER Trainers ready to teach staff all they need to learn about all aspects of RULER competencies and expectations.

- **RULER Becomes an Enduring Part of District Culture**

By including faculty, administrators, clinical staff, students, and families in the program, RULER becomes a normal part of everyday life at your school, not an add-on that is likely to fade away with time.

Research Findings & Expected Outcomes

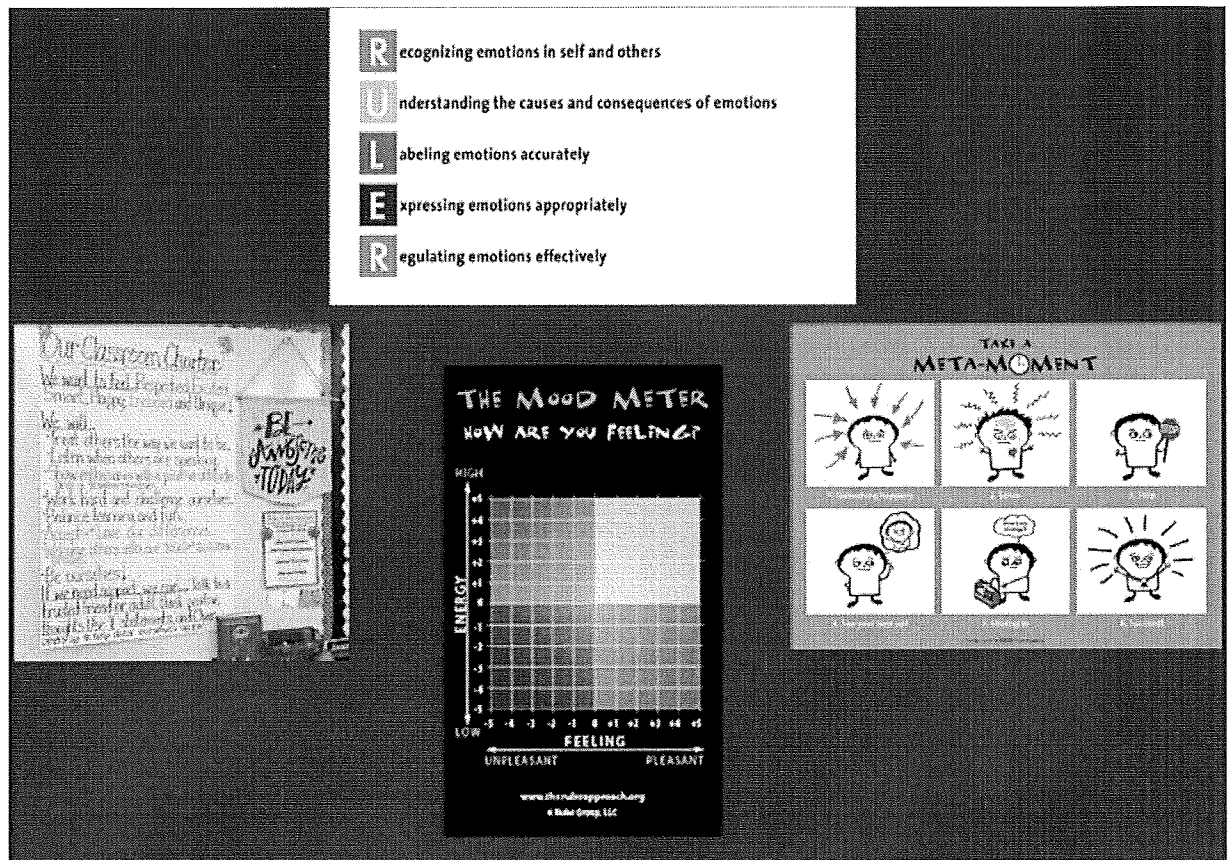
- Students using RULER have better academic performance
- RULER improves school climate
- RULER increases students' emotional intelligence and social skills
- RULER decreases anxiety and depression
- Students using RULER are less likely to bully other students
- Students using RULER have better leadership skills and attention
- Teachers have better relationships with students, less burnout, better relationships with admin, more positive about teaching

Research Articles:

Transforming Students' Lives with
Social and Emotional Learning

RULER's Feeling Words Curriculum
Improves Student Achievement

How RULER Improves Classroom
Culture



The nurses are enthusiastic about this program. Ms. Aldrich explained that by making RULER a part of everyday life, it becomes part of who we are and part of our culture, instead of an add-on that is learned and forgotten. It will begin in the classrooms and extend out to the communities.

Ms. DeRoche explained that initially 22 teachers were trained, and now the trainees are training the staff. It is a lot of work involving a mind shift, but everyone is supportive. This Power Point presentation provides access to research links.

Question and Answer Period

Ms. Wolf asked about Responsive Classrooms and if other teaching methods will be put aside. Ms. DeRoche replied that Responsive Classrooms develops deeper social skills.

Ms. Wolf expressed concern over how are student's weaknesses in certain areas will not be addressed on an individualized basis and not receiving the extra attention/services the child may need. Ms. DeRoche replied that RULER is a Tier 1

intervention to minimize the number of students who need additional support or more intensive work in these areas.

Ms. DeRoche explained that we will do parent outreach over the summer to share this information with the parents, so that they learn the same language and can work on it too and use it at home.

Ms. Fitzgibbon asked if suicide and awareness that Ms. Puglise started is included in the program, and Ms. DeRoche replied that this is included under the scope at the high school level, and eventually at the middle school level.

Ms. DeRoche explained that we have to help out students develop creative skills and emotional intelligence to support them in the job market.

Ms. Fitzgibbon asked about the plan for sex education, emotions, and how to treat people properly, and raised concern about students getting this information from the internet. Ms. DeRoche replied that Janda has proposed an updated progression at the Middle School that deals with these matters, and he will be on our Wellness Committee, and this will be on our docket. Ms. Beaudoin stated that the community and the home, which is the real reinforcer, must be included in these efforts.

6) Superintendent's Report:

Budget Transfer Numbers 1 and 2:

Ms. Cameron stated that this is our first glance at the budget. We are looking at the budget, we are looking where to make cuts, we know where we have to get, and it is a work in progress (WIP).

Ms. Beaudoin projected the PowerPoint presentation on the screen and Mr. Urbas distributed the Budget Transfer sheets (#1 and #2). Mr. Urbas explained that the goal is to look at budgetary choices and budgetary structure in the next few weeks.

Mr. Urbas explained that we do a Budgetary Transfer, the total budget number cannot change—we are just moving budgetary authority to align with new information we have received.

Budget Transfer #1

The biggest piece of new information is the \$409,000 of anticipated additional health insurance cost, which is a 28% increase. So, the question is how do we fund this without changing our bottom line number. We agreed that we will lower the entry rate from Master 7 to Master 5. We have had several additional retirements that we didn't know when the budget was set, allowing us to bring in new staff at a lower pay rate. We cut Facilities from \$100,000 to \$60,000, building base materials and supply budget cuts, and prepay an additional \$50,000 Out-of-District commissions.

Mr. Warnock made a motion to approve the FY-18 Budget Transfer #1, with the correction made from 5 to 10 School Choice students. Ms. Fitzgibbon seconded the motion. Vote: Unanimous by Ms. Beaudoin, Mr. Urbas, Ms. Cameron, Ms. Riordan, Ms. Erdmann, Ms. Weld, Ms. Wolf, Mr. Warnock, and Ms. Fitzgibbon.

Budget Transfer #2

Ms. Cameron stated that we are trueing up this year's budget, so when we build the budget for the next year we will be working with actuals and not projections. Mr. Urbas stated that we added a new Middle School Dean of Students, which was heavily funded by the transportation savings we had. Mr. Urbas explained this budget in detail to the committee members, including the rules for grant funding, changes in staffing, and health insurance benefits.

Ms. Erdmann made a motion to approve the FY-18 Budget Transfer #2. Mr. Warnock seconded the motion. Vote: Unanimous by Ms. Beaudoin, Mr. Urbas, Ms. Cameron, Ms. Riordan, Ms. Erdmann, Ms. Weld, Ms. Wolf, Mr. Warnock, and Ms. Fitzgibbon.

FY18 Tentative Budget:

Mr. Urbas led a lengthy discussion with the committee members regarding the FY18 Tentative Budget.

Additional Comment: Ms. Erdmann suggested that the principals may want to get involved with some of the Manchester Selectmen's meetings regarding Recreational Marijuana retail. So far, the meetings have been poorly attended.

Adjourn

Ms. Weld made a motion to adjourn, and Ms. Erdmann seconded the motion. Vote: Unanimous by Ms. Beaudoin, Mr. Urbas, Ms. Cameron, Ms. Riordan, Ms. Erdmann, Ms. Weld, Ms. Wolf, Mr. Warnock, and Ms. Fitzgibbon. The meeting was adjourned at 9:15 p.m.

Respectfully submitted,

Adele Ardolino
Secretary to the MERSD School Committee