

Deer Valley Unified School District No. 97
COMMITTEE / WORK TEAM PROFILE

Complete this form to request any District Committee or Work Team.
Submit to Cabinet-level Supervisor or Superintendent.

Date	School Year	District Committee or District Work Team
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COMMITTEE / WORK TEAM NAME: _____

COMMITTEE / WORK TEAM CHAIRPERSON: _____ and Dr. Gayle Galligan

CHARGE OF THE COMMITTEE:

COMMITTEE / WORK TEAM DURATION: _____
school year, on-going, etc.

TENTATIVE MEETING SCHEDULE: _____
weekly, monthly, quarterly, etc.

MEMBERSHIP NEEDS / REQUIREMENTS & COMPOSITION:

MEMBERSHIP RECRUITMENT:

- Volunteers recruited from website or portal
- Volunteers solicited

MEMBERSHIP SELECTION & CRITERIA TO BE USED:

FISCAL IMPACT & FUNDING SOURCE: _____

Cabinet Use Only:

Approved for Committee / Work Team Creation and Membership Recruitment

Request Denied