

LPAC Member Roster School Year_____

Date:
School District/Charter School:
Campus:

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):			