**LPAC Member Roster School Year**

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| --- | --- |
| **Date:** | |
| **Independent School District/Charter School:** | |
| **Campus:** | |
| **Name of LPAC Member** | **Signature** |
| 1. , Professional Bilingual Educator |  |
| 2. , Professional Transitional Language Educator/ESL Teacher |  |
| 3. , Parent Representative |  |
| 4. , Campus Administrator |  |
| 5. , LPAC Representative for ARD  Committee (if needed) |  |
| 6. |  |
| 7. |  |
| 8. |  |

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