

Campus Improvement Plan (CIP) Meeting

MINUTES FORM

CAMPUS NAME: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

DATE AND TIME: \_\_\_\_\_

PERSON RECORDING MINUTES: \_\_\_\_\_

MINUTES:

PARENT SUGGESTIONS/RESPONSES:

NAME OF INTERPRETER (IF PRESENT): \_\_\_\_\_

SIGNATURE OF PRESENTER: \_\_\_\_\_

DATE: \_\_\_\_\_