

Agricultural Education Program Advisory Committee Report Form



School _____ Program _____

Instructor _____ School Administration Present _____

Date of Meeting _____ Time of Meeting _____

Location of Meeting _____

District (check one) Northwest Northeast Southeast Central Southwest

Agenda of Meeting

Minutes of Meeting *(use additional pages if necessary)*

Name	Program Advisory Committee Members Name of Firm, Position	Present	
		Yes	No
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

Complete one form for each meeting. File one copy and give one copy to administrator.

Instructor's Signature

Administrator's Signature