**Advisory Committee Meeting**

***Date & Time***

*District*

*Building/School Name*

*Program*

*CIP Code & PSN(s)*

**Sign-In Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Committee Position** | **Name** | **Company Name & Address** | **Company Position** | **Email** | **Signature** |
| **Voting Members** |  |  |  |  |  |
| **Chairperson**Business and Industry |  |  |  |  |  |
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| Business and Industry |  |  |  |  |  |
| Parent / Guardian |  |  |  |  |  |
| Postsecondary Representative |  |  |  |  |  |
| Special Populations Representative |  |  |  |  |  |
| **Non-Voting Members** |  |  |  |  |  |
| Teacher |  |  |  |  |  |
| Teacher |  |  |  |  |  |
| Teacher |  |  |  |  |  |
| Administrator |  |  |  |  |  |
| Student |  |  |  |  |  |
| Counselor |  |  |  |  |  |
| Community Representative |  |  |  |  |  |