**Overview**

In 2013-14, the state of California implemented the Local Control Funding Formula (LCFF). LCFF requires the development of a Local Control and Accountability Plan (LCAP), which describes goals for student achievement and connects district spending to those goals. One key aspect of the LCAP process is the engagement of parents/guardians and students in providing input and feedback.

**What is the LCAP Parent Advisory Committee?**

The LCAP Parent Advisory Committee (PAC) meets monthly to receive information that helps them to understand student needs and how those needs are addressed by the goals, actions, services and expenditures contained in the LCAP. Members provide insight and input for the Board of Education and the Superintendent to consider. School districts must consult with all educational partners (teachers, principals, other school personnel, parents, and students) in developing the LCAP, but the LCAP PAC will provide written comments to which the Superintendent responds.

**Why serve on the LCAP Parent Advisory Committee?**

The LCAP Parent Advisory Committee (PAC) is a valued parent group with a front-row seat to district decision-making. Members of the LCAP PAC will have the opportunity to understand the budget and its impact on the services provided to students across the district, with particular attention to students targeted by LCFF: low-income students, English learners, foster youth and homeless youth.

**Committee Demographics**

PAC members are appointed by the Board of Education and the Superintendent. Each Board member and the Superintendent appoints two (2) individuals for a total of sixteen (16) committee members. Community members as well as SCUSD staff are welcome to apply, as PAC members will reflect the demographics of the district.

The Board of Education will strive to ensure representation in all of the categories below:

* Parents/caregivers (in a strong majority)
* Those who represent students in the LCFF designated demographic groups (low-income students, English learners, foster youth and homeless youth) as well as other student groups.

**LCAP Parent Advisory Committee Application**

**All applications are due on August 11, 2023 at 5 pm.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trustee Area (or Your School Board Member):

I am a (select all that apply):

□ Parent or Caregiver □ Former Parent or Caregiver

□ Student □ Staff Member / Role:

□ Community Member/Partner Organization Name, if applicable:

Which school(s) do your student(s) attend / do you represent?

To ensure representation of all student groups on this committee, we request that you check the boxes that best describe you and/or your student. Select all that apply.

* Low Income □ Hispanic/Latino
* English Learner □ Asian
* Students with Disabilities □ African American
* Homeless □ White
* Foster Youth □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Decline to state

Please include information about your history of service (School Site Council, English Learner Advisory Committee, Parent Teacher Association (PTA) / Parent Teacher Organization (PTO), political or community organization, neighborhood association, etc.).

What interests you about serving on this committee? Whose voice do you represent?

Give examples of how you have worked collaboratively in a group setting, including any experience with challenging dynamics.

Please describe your understanding of, and comfort level with, the advisory role of the work conducted on this committee.

**Committee Responsibilities**

Serving on the LCAP Parent Advisory Committee requires a significant commitment of time including, but not limited to, attending meetings and trainings as well as engaging in community outreach. Excessive unexcused absences will result in a member being replaced.

Please indicate your understanding of, and agreement with, the following LCAP committee responsibilities:

**Check if**

**Agreed**

I agree to commit to a minimum one evening per month Year Round ◻

I agree to participate in a half-day orientation. ◻

I agree to attend at least one district LCAP workshop (90 mins./evening). ◻

I acknowledge that I will serve a two-year term. ◻

I agree to participate in outreach opportunities that support gathering input from my stakeholder community. ◻

I agree to work collaboratively with other members of the committee and

district staff throughout the process ◻

Signature:

Date:

**All applications are due on August 11, 2023 at 5 pm.**

If you have questions or need assistance, please contact Krystal Thomas, Executive Director - LCAP. The email address is [Krystal-Thomas@scusd.edu](mailto:Krystal-Thomas@scusd.edu) or cell (916) 839-0334. Please note while we will maintain the privacy of personal identification information, answers to questions may be shared publicly. Please email the application to: [krystal-thomas@scusd.](mailto:krystal-thomas@scusd.org)edu or mail to:

SCUSD Deputy Superintendent’s Office

Box 723

5735 47th Avenue

Sacramento, CA 95824