ACTION SHEET

Cross Roads ISD Meeting D	ate: Thursday, June 18, 2015		
Agenda item #: 11 Consider TEA Waivers for 2015-2016			
Supporting Documents: Y Attached None			
Administrator/Employee Responsible:			
Purpose of Agenda Item: X Action Item or Information Only			
Authority for This Action: Local Policy			
Summary: Background Information/Previous Board action related to this item/Future action anticipated			
Mrs. Sulak will be here to share information on waivers for the upcoming school year			
See attached			

Administrative Recommendation: Advantages/Disadvantages, Benefits, Results/Consequences

My recommendation is to accept the proposed TEA waivers for the upcoming 2015-2016 school year.

Fiscal Impact and Cost: Immediate or Future/Ongoing

Agenda Item #	_Motion:	Second:
For:		

Against: ____

Abstain: _____