El Paso Independent School District

DISTRICTWIDE EDUCATIONAL IMPROVEMENT COUNCIL (DEIC)

DEIC AGENDA ITEM

Submit this form with 40 copies of any handouts (two-sided, stapled, and hole punched) to Ms. Tonya Kiehl, Policy Office/PDC, two weeks prior to the scheduled meeting. If you have any questions, please call Ms. Tonya Kiehl at 587-1182.

•**PROPOSED AGENDA ITEM TITLE:** (Limit one agenda item per form)

•**CURRENT STATUS:**

•**RATIONALE FOR ACTION:**

ACTION DESIRED:
- Recommended Approval ☑
- Information ☐
- Presentation/Discussion ☐
- Work Session ☐

AGENDA ITEM FOR DEIC MEETING:
- August ☑
- September ☐
- October ☐
- November ☐
- December (no meeting)
- January ☐
- February ☐
- March ☐
- April ☐
- May ☐

PRESENTER(S) _____

TIME NEEDED FOR PRESENTATION *(Please be as accurate as possible.)* _____

TIME NEEDED FOR QUESTION AND ANSWER SESSION *(Maximum 10 minutes)* _____

SUBMITTED BY _____ DATE _____

DEPARTMENT _____ PHONE: _____ FAX _____