

PTA Plan of Work

Officer/Chairman Name: _____

Position: _____ Year: _____

Reproduce as needed for the appropriate number of goals.

Responsibilities/Duties:			
Goal:			
	SPECIFIC ACTION STEPS	START DATE	COMPLETION DATE
Budget:	Budgeted Income: _____ Budgeted Expenses: _____		
Resources:			
Evaluation Process:			
Committee Members:			