

RECOMMENDATIONS FOR NEXT PROGRAM YEAR
(Use one sheet per suggestion)

I. and II. to be filled out by staff, parents or Board; III. - For Person Responsible Only

I. The Current Situtation (What you feel should change & why)

II. The Suggested Solution(s) (What you feel we could do about it)

Signed _____ **Date** _____

III. Response - Person Reponsible _____
Date _____

Signed _____ **Date** _____