TUSD Local Control Accountability Plan (LCAP) Parent/Community Input

Name:	Child's Grade Level(s):
Email:	Phone Number:
Address:	
Comments/Suggestions:	
Yes, I would like a written respons	se to my comment(s).
No response is needed.	
Please email your completed input form	to the TUSD Director of State and Federal Projects,
Dr. Scott McDowell mcdowell scott@tus	sd org