

**Pasadena Unified
Board Policy Review
Executive Summary**

Date:
Submitter:
Signature: _____

Board Policy(ies) under Review (BP number, name, revision date):		Associated Administrative Regulations (ARs) (AR number, name and revision date):	
What triggered the review of policy(ies)? Internal, external?			
Summary of change(s) being made (attach separate sheet if required):			
Describe staff and/or stakeholder input into review:		How will modified policy(ies) be communicated to concerned parties?	
Mandated Policy ___Y ___ N	Annual Review Required ___Y ___ N	Annual Report to Board Required ___Y ___ N	

Please attach a marked up copy of each policy or AR as well as the original, with each being clearly labeled.