

**TUCSON UNIFIED SCHOOL DISTRICT
BOARD AGENDA ITEM FORM**

MEETING OF: November 20, 2012 AGENDA ITEM NO. 1
 (Leave Blank)

TITLE: School Master Plan – Approval of a Draft Plan and Initiation of Any
 Related Closures

Information _____

Study X

Action X

PURPOSE: Supplemental Information

DESCRIPTION AND JUSTIFICATION:

The portion of the School Master Plan that is presented tonight consists of the recommendations for closure and consolidation depicted on the attached charts. Staff is recommending that the Governing Board initiate the closure process for specific schools tonight so that the requirements of A.R.S. §15-341 A (33), including notice and a public hearing, can be met in the next several weeks.

The consolidation process will be implemented in accordance with the consolidation charts prepared by staff and the list of school closures approved by the Governing Board. The number of schools the Board decides to close will determine the amount and extent of budget cuts necessary to resolve the deficit.

HOW THIS RELATES TO SUPERINTENDENT'S GOAL(S) 1,2,4,6,7

(choose one or more: 1,2,3,4,5,6,7) (The Superintendent's Goals for 2011-2013 may be found on the TUSD web at www.tusd1.org/goals)

The School Master Plan will directly affect achievement, enrollment, transportation and customer service. Thus, Superintendent's Goals 1, 2, 4, 6 and 7 are affected. This project will be coordinated to support these goals and the desegregation plan. Actual impacts, positive or negative, will be assessed as the options are evaluated.

BOARD POLICY CONSIDERATIONS:

LEGAL CONSIDERATIONS:

For all Intergovernmental Agreements (IGAs), Initiator of Agenda Item provides the name of the agency responsible for recording the Agreement after approval:

For amendments to current IGAs, Initiator provides original IGA recording number: _____

Legal Advisor Signature (if applicable) _____

BUDGET CONSIDERATIONS:

_____ District Budget
_____ State/Federal Funds
_____ Other _____

Estimated
Cost: \$ _____

Budget
Code: _____

Budget Certification (for use by Office of Financial Services only):

INITIATOR: _____ **Dr. John, J. Pedicone, Jr., Ph.D.** **11-19-12**
Signature Name/Title Date

DIVISION HEAD/STAFF SIGNATURE:

SUPERINTENDENT'S SIGNATURE:

John J. Pedicone, Jr., Ph.D.
Superintendent

**DOCUMENTS ATTACHED/
ON FILE IN BOARD OFFICE:**

**Date received in Board Office (for
Board office use only):**

