

Original GOAL from prior year LCAP:			Related State and/or Local Priorities: 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ COE only: 9__ 10__ Local : Specify _____		
Goal Applies to:	Schools:				
	Applicable Pupil Subgroups:				
Expected Annual Measurable Outcomes:			Actual Annual Measurable Outcomes:		
LCAP Year: xxxx-xx					
Planned Actions/Services			Actual Actions/Services		
	Budgeted Expenditures		Estimated Actual Annual Expenditures		
Scope of service:			Scope of service:		
__ALL			__ALL		
OR: __Low Income pupils __English Learners __Foster Youth __Redesignated fluent English proficient __Other Subgroups:(Specify)_____			OR: __Low Income pupils __English Learners __Foster Youth __Redesignated fluent English proficient __Other Subgroups:(Specify)_____		
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__ Other Subgroups:(Specify)_____			__ Other Subgroups:(Specify)_____		
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OR: ☐ Low Income pupils ☐ English Learners			OR: ☐ Low Income pupils ☐ English Learners		

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