EXHIBIT B

EMS ISD Policy Change or Creation Checklist

| Title of Policy | | |
|---|-------|-----------------|
| Requestor and Date | | |
| A ctivity | Notos | Completion Date |
| Activity Departmental review and initiation of | Notes | Completion Date |
| policy change or creation | | |
| Draft completed by Requestor and | | |
| submitted to Student Services | | |
| Superintendent's Leadership Team | | |
| Presentation | | |
| Draft emailed to PRC for review | | |
| Policy Review Committee Approval | | |
| Final Policy Approval by | | |
| Superintendent's Leadership team | | |
| Board Agenda Date | | |
| Date of Board Approval | | |
| Communication to Staff | | |
| Policy available on District website | | |

DATE ADOPTED: 07/23/2018

REVISED: BP (EXHIBIT)