**Board Memo**

**DATE:** 4/18/2024

**AGENDA ITEM DETAILS:**

**School/Department**

LSS/ Special Education

**Product Vendor or Grant Issuer**

Lexington Children’s Theater

**Product or Grant Name**

Performance Workshop

**Date/Term (Beginning and End Dates/Year)**

June 17-21, 2024

**APPLICABLE BOARD POLICY & STRATEGIC PLAN GOAL:**

Strategic Goal 1, Objective C: “Apply school-wide and academic supports for every student’s academic success and personal growth”

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

The LCT will provide a workshop for students with significant disabilities to enable participation to experience music, dance, art, and drama.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$3,000.00

**Funding Source**

IDEA

 **\*If more than one funding source, list below along with amount or percent for each source**

N/A

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

N/A

**RECOMMENDATION:**

I recommend that the Board approve this request as presented.

Dr. James Detwiler, Deputy Superintendent / CAO

**CONTACT PERSON: (submitter)**

Jodi Hall, Director of Special Education