Name of Committee: Virtual Learning Ad-Hoc Subcommittee

Committee Chair: Gail Ravnitzky Silberglied

Chair Phone: 202-580-5180

Committee Email: VirtualLearning@mccpta.org

Communication (e-list, etc): N/A

**SUBCOMMITTEES / WORK GROUPS** (if applicable): The Virtual Learning Subcommittee is part of the MCCPTA Advocacy Committee, and reports to Laura Stewart.

**GOALS & OBJECTIVES**:

1) Advocate for all MCPS students while we are in the virtual learning environment

2) Collect and share feedback on virtual learning with decision-makers such as MCPS staff and Board of Education, and make recommendations for improvements

3) Provide resources and information to PTAs to support parents, teachers, and students

4) Work to address various virtual learning issues, including but not limited to technology challenges, mental health, students with special needs, and the potential for outdoor instruction.

5) Coordinate with other MCCPTA Committees to accomplish shared goals

6) Use data to inform advocacy activities (collect and evaluate existing data; collect additional data if needed)

7) Clarify that we are not taking a position on the reopening of schools; Rather, we want to advocate for the maximum quality and quantity of educational opportunities for all students, as we continue our virtual learning.

**ACTIVITIES PLANNED**

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| Activity | Details | Timeframe/Deadline |
| Outreach and communication | Collect and share information through listservs, email lists, events (such as ENGAGE!), periodic newsletters, and social media. | Ongoing |
| Meetings | Hold regular Virtual Learning Subcommittee meetings, either on a semi-monthly or monthly basis. | Ongoing |
| Testimony | Identify opportunities to share advocacy priorities with decision makers | Ongoing |
| Data | Evaluate data currently available.  Determine whether a survey is needed to collect feedback from families on their virtual learning challenges | Ongoing |

Supplies Needed: Zoom Meetings (using Garrett Park ES Zoom account); Survey tool to collect data

Vendor(s)/Supplier(s) (if applicable): N/A

Date of Agreement/Contract: N/A

Budget requested: $???

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**