

8/27/2024

Date (Fecha)

23

Agenda Item #
(Numero de agenda)

Smartphones in School

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

Information provided on this form is part of the public record.

(La informacion proporcionada en este formulario es parte del registro publico.)

Pam

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

☒ I would like to speak as an individual. (Me gustaria comentar como individuo.)

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/27

Date (Fecha)

23

Agenda Item #
(Numero de agenda)

Smartphones

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

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(Solicitud para comentar a contra de las recomendaciones)

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Allegedly Audra

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8-27-24
Date (Fecha)
Phonics
Subject (Título de Agenda)

23
Agenda Item #
(Numero de agenda)

REQUEST TO SPEAK
IN OPPOSITION
of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Last Name (Apellido)

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State
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Zip (Codigo Postal)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/27/2024
Date (Fecha)
MENTAL HEALTH CRISIS
Subject (Título de Agenda)

23
Agenda Item #
(Numero de agenda)

REQUEST TO SPEAK
IN OPPOSITION
of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
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Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/27
Date (Fecha)

23
Agenda Item #
(Numero de agenda)

Youth mental crisis
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

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Consuelo
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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Individuals Speaking by Phone
August 27, 2024

23	SUPPORTING SOLUTIONS TO YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS			
		Kathleen	Lippitt	S
		Truth		O
		Gambler	Hermis	O
		Caitlin	Radigan	o

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition