

Teacher Selection Panel

Instructions on next page

School _____ Date _____

Department, Unit, of Interdisciplinary Team

Name (printed) _____ Home Phone # _____

Signature _____ Summer # _____

Days unavailable April - June _____

Days unavailable Summer _____

Name (printed) _____ Home Phone # _____

Signature _____ Summer # _____

Days unavailable April - June _____

Days unavailable Summer _____

Name (printed) _____ Home Phone # _____

Signature _____ Summer # _____

Days unavailable April - June _____

Days unavailable Summer _____

Name (printed) _____ Home Phone # _____

Signature _____ Summer # _____

Days unavailable April - June _____

Days unavailable Summer _____

The teachers listed above were elected by the department, team, or unit they represent.

Signature of Lead Teacher/Department Chair (or if none, by the Building Rep) _____ Date _____

Please return this to your principal and forward a copy to the CFT Office