

PAR Approval _____

SUBSTITUTE REQUEST FORM Madera Unified PAR Program

Name of Participating Teacher			
Consulting Teacher	Date	School	Grade Level
Content Area (7-12)	Phone number where I can reach you		
Observation Location (School)			
CSTP Focus standard:			
Teacher(s) to be observed			
Site Administrator Approval	·	Date	
PAR Approval		Date	
Call A SUBMIT OBSERVATION RECORD WI Keep o Steve T Eastin-Arcola Eleme	Action and use code THIN ONE WEEK one copy for your result of the control of the	AYS BEFORE AN OBSERVA' Professional Leave, PAR IF OBSERVING FOR YOUR ecords and submit one to: Support Services Director , Madera CA 93637 or fax to 6 TE REQUEST F mified PAR Program	PROFESSIONAL GROWTH 73-4932 ORM
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Observation Location (School)			
CSTP Focus standard:			-
Teacher(s) to be observed			
Site Administrator Approval		Date	

PRIOR APPROVAL NEEDED

_____ Date _____

SUBMIT TO BTSA AT LEAST 5 DAYS BEFORE AN OBSERVATION

Call Aseop and use code Professional Leave, PAR

SUBMIT OBSERVATION RECORD WITHIN ONE WEEK IF OBSERVING FOR YOUR PROFESSIONAL GROWTH

Keep one copy for your records and submit one to:

Steve Thornton, Teacher Support Services Director

Eastin-Arcola Elementary 29551 Ave. 8, Madera CA 93637 or fax to 673-4932