

TECHNICAL INSTRUCTOR RECOMMENDATION FORM

Technical Program Advisory Committee

Directions: This form to be completed by technical instructors for all candidates recommended for invitation to serve on the _____ technical program advisory committee. Upon completion nominations must be approved by the technical program supervisor and then submitted for final approval by the principal.

Technical Program Area: _____

Technical Teacher Name: _____

Candidate Name: _____ Affiliation: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

1. What uniquely qualifies this person to serve on your program advisory committee?

2. Have they served on your technical program advisory committee before? If yes, for how long and what benefit have they provided to the program?

3. What type of representation does this candidate provide? Check all that apply.

Composition	
	Person with disabilities
	Racial or linguistic minority
	female

Type of representation	
	Business/industry (District)
	Organized labor
	Registered apprenticeship program
	Postsecondary education
	Student (current 9 th – 12 or PG)
	Parent/Guardian (current day school program)
	Community (District)
	Other (Please Explain)

Technical Instructor Signature of Recommendation

Date

Technical Supervisor Approval

Date

Final Approval/Principal*

Date

**Once the final approval is received a letter of invitation to serve on individual technical program advisory committees for the 2016-2017 school year will be mailed to the nominee.*