

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 2013-2014 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 9th – 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 2013-2014 school year will be mailed to the nominee.*