

Teacher Name: _____

TEACHER PRE-REGISTRATION RECRUITMENT/STUDENT INTERVIEW FORM

DATE ATTENDIING (AM OR PM)	CTE COUNSELOR CONTACT/CAMPUS	CLASSES VISITING/TEACHERS	PROMOTIONAL ITEMS(VIDEO BROCHURES, ETC)

TEACHERS MAKE NOTE OF THE FOLLOWING:

- Subs will only be considered Tuesday thru Thursday
- Make contact with CTE Counselor and or CTE Teacher of visiting Campus prior to visit

NOTE: This form along with Sub Request Form must be turned in to the CTE Office at least five days prior to requested days.

CTE Counselor Contacted: _____ Date: _____

CTE Director Signature: _____ Date: _____