



To be completed by TAAG staff:			
School ID: _____	Form Code: DTR	Version: A	Series: 41 Seq. #: 001

Teacher Registration Form

Process Evaluation: Teacher Information

Date: ____/____/2006
 mm dd yy

Line #	Teacher's name <i>(please print)</i>	Teacher ID	Gender <i>(circle one)</i>	# Years teaching	Specialty <i>(check all that apply)</i>	Expected to teach TAAG PE, HEAC7, or HEAC8 <i>(check all that apply for intervention school teachers, and check if taught PE only for school PE teachers)</i>						Comments	
						Spring 03	Fall 03	Spring 04	Fall 04	Spring 05	Fall 05		Spring 06
			A. Male B. Female		<input type="checkbox"/> PE specialist <input type="checkbox"/> HE specialist <input type="checkbox"/> Other: _____	<input type="checkbox"/> PE	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	
			A. Male B. Female		<input type="checkbox"/> PE specialist <input type="checkbox"/> HE specialist <input type="checkbox"/> Other: _____	<input type="checkbox"/> PE	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	<input type="checkbox"/> PE <input type="checkbox"/> HEAC7 <input type="checkbox"/> HEAC8	
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