

MEMO

To: _____, Principal

From: _____, Receiving Teacher/Specialist (please circle one)

CC: _____, Assistant Principal

Date: _____

RE: Split classes

Date of Coverage: _____

Name Absent Teacher: _____

Name Teacher/Specialist receiving students: _____

Employee ID Teacher/Specialist receiving students: _____

Room number: _____

Student Allocation count received: _____

Minutes covered: _____

Please see attached split class list with the names of students.

Sincerely,

Notes: Memo must be completed even if Teacher/Specialist receives less than 5 students.
Signed memo must be turned into Principal within 48 hours of the Date of Coverage.

