

## 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.