

Assignment / Evaluation Form

Assignment	PHONE#:	FAX:	EMAIL:
Name: _____ Phone: _____ Message: _____			# of Days in Assig. Period
Books issued: _____			
Assignment Period: Start Date: _____ Stop Date: _____			

TASK / ASSIGNMENT	Credit Att.	Credit Granted	Hrs / ADA	Parent Initial
Evaluation				
Evaluation				
Evaluation				
Evaluation				

Total Hours/Days of apportionment allowable under Calif. Ed. Code Section 51747	DAYS:	HRS:
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Teacher Signature _____ Evaluation Date: _____

Failure to complete the above assignment by the last date may result in no credit awarded.

YOUR NEXT APPOINTMENT / ASSIGNMENT DUE:		
Day: _____	Date: _____	Time: _____

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Exhibit (1)(b) 6158