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| **Teacher’s Name** | **File #** | **Grade Level****Or Subject** | **Number** **of Students**  | **Number of Points** **(3-4 over=1pt, 5-6 over=2pts. 7 or more = 3pts.)** **for Jan. 2017-June 2017****2nd Semester** |
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CLASS SIZE COMPENSATION FORM

2016-2017 School Year

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Network Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND SEMESTER CLASS SIZE COMPENSATION FORM IS DUE TO THE NETWORK LEADER BY FRIDAY, JUNE 16, 2017.