

Baldwin Park Unified School District

**CLASS SIZE RESOLUTION FORM**

(To be completed in quadruplicate by the teacher as outlined in Article XIV, Class Size)

\_\_\_\_\_  
Teacher's Name (Please Print)

\_\_\_\_\_  
School Site

If applicable, Department Chair notified [ ]

\_\_\_\_\_  
Name of Assistant Principal and Date Notified

\_\_\_\_\_  
Name of Department Chair and Date Notified

\_\_\_\_\_  
Name of Principal and Date Notified

Period and/or subject affected \_\_\_\_\_

Grade and/or subject affected \_\_\_\_\_

**PROBLEM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION PROVIDED AT CONFERENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

- Distribution by Employee:**  
Human Resources  
Teachers Association  
Principal  
Unit Member/Employee