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

11/03 NCR4