February 2005

Dear Principal,

Please complete the form below to indicate your support for the following teacher(s) applying to participate in the Central California Writing Project (CCWP) 2005 Invitational Summer Institute.

AUTHORIZATION

I recommend the following teachers to participate in 100 hours of standards-based professional development sponsored by the CCWP:

1. ___________________________________________

2. ___________________________________________

3. ___________________________________________

4. ___________________________________________

In addition, I agree to pay for a full-day substitute (if needed) to enable each successful applicant to participate in the first day of the Institute to be held Friday, April 29, 2005. It is the responsibility of each teacher to complete the required district forms according to school policy.

Signed,

__________________________________________
Name of Principal (printed)

__________________________________________
Signature of Principal Date

Fax completed Principal's Authorization to Carol Artman, CCWP, (831) 459-4979