

RECEIPT OF CTE GUIDELINES

I, _____, CTE teacher in the _____

Department for TISD, have received a copy of the CTE Guidelines.

I understand the contents of the CTE Guidelines and will comply with these Guidelines.

Printed Name: _____

Signature: _____

Date: _____

(Teacher: Please sign, date, and return this page to the CTE Secretary. Please keep a copy for your records.)