

Charlotte Public Schools 2018-19 PAR Supporting Documentation Form

Name: _____

Title: _____

Reporting Period: _____

Month: _____

Cost Objective: _____

FTE: _____

Week	Cost Objective	Program Objective	School

knowledge of 100% of these activities.

****Please include lesson plan and roster of students worked with this month.**

Employee Signature: _____

Principal Signature: _____

Distribution of Time (%)	# of Hours of Time

.....

**

Date: _____

Date: _____