

**Declaration of Participation 2024-2025**

(Duplicate as Needed)

**This agreement must be completed and signed by each participating Public School District, BOCES, Non-Public and Charter School.**

Teacher Center Name **Greater Capital Region Teacher Center for Effective Teaching**

Name of participating District, BOCES, Non-Public, Charter School:

Number of teachers in district/school: \_\_\_\_\_ Number of teaching assistants \_\_\_\_\_

On behalf of the Board of Education, I hereby indicate our intention to be a member of the above-named Teacher Center, and to support its operation in accordance with Education Law 316.

Check here if

the Teacher Center is included in the district's Professional Development Plan (PDP).

the Teacher Center is included in the district's Comprehensive District Education Plan (CDEP).

Superintendent's Name:  Date:

Superintendent's Email:

Superintendent's Signature\*:

(USE BLUE INK)

\*Chief School Officers of Non-Public and Charter schools may sign as "Superintendent"

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On behalf of my constituency, I hereby indicate our intention to be a member of the above-named Teacher Center, to support its operation in accordance with Education Law 316, and to designate teacher representatives to the policy board as stipulated in the Center's by-laws.

**Teacher bargaining agent name and signature required for public school districts only.**

Teacher Bargaining Agent President's Name:  Date:

President's Email:

President's Signature:

(USE BLUE INK)

Email address designated to disseminate electronic information to your district/school:

\*In order to ensure equity of access to all teachers and teaching assistants.