

# Marker Application Form

## Grade 10 Provincial Evaluation in Mathematics

### February 9 – 11, 2024

**Note:** For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <https://get.adobe.com/reader/>.

### Teacher Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
address city/town postal code

Personal Phone \_\_\_\_\_ School Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

Current School Address \_\_\_\_\_

Current School Division \_\_\_\_\_

### Relevant Experience

Current Position: Contract Teacher Substitute Teacher Retired Teacher

Program: English Français French Immersion

Preferred language for marking: English French Both

**Marking session participation requires at least two years teaching experience in the relevant course(s).**

How many years have you taught Grade 9 or Grade 10 Mathematics? \_\_\_\_\_

Are you currently teaching Grade 9 or Grade 10 Mathematics? Yes No

### Sample Marking Session

#### Sample Marking Session

**Friday, February 9, 2024, to Sunday, February 11, 2024 (inclusive)**

**ALL** markers are expected to be in attendance 8:30 a.m. to 4:30 p.m., **Friday to Sunday.**

### Supervisor/Principal Approval

I confirm that all the information provided above is accurate and I recommend the applicant for this position.

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN** completed form by January 11, 2024, to:

Provincial Assessment Program Unit by email at [assesseval@gov.mb.ca](mailto:assesseval@gov.mb.ca)

Indicate in the subject line: **Sample Marking – Grade 10 Provincial Evaluation in Mathematics**

If email is unavailable, fax to 204-948-3356 or 204-948-2442