## **Marker Application Form**

## **Grade 10 Provincial Evaluation in Reading and Responding** 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 <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>.

Teacher Conta	act Information				
First Name		Last Name			
Mailing Address _					
	addres		city/town	postal code	
		School Phone			
Preferred Email					
Current School Ad	dress				
Current School Div	vision				
Relevant Expe	erience				
Current Position:	Contract Teacher	Substitute Teacher	Retired Teacher		
Program:	English	French Immersion			
Marking session	participation requires a	at least two years teaching	g experience in the relev	ant course(s).	
How many years h	ave you taught Grade 9	or Grade 10 ELA (cumulati	vely)? years		
Are you currently t	eaching Grade 9 or Grad	de 10 ELA? Yes	No		
Sample Marki	ng Session				
	•	Sample Marking Session			
ALL m	-	<b>2024, to Sunday, February</b> e in attendance 8:30 a.m. to	,	nday.	
Supervisor/Pr	incipal Approval				
I confirm that all th	e information provided a	bove is accurate and I reco	mmend the applicant for tl	his position.	
Print Name	nt Name Position				
PLEASE RETUR	N completed form by J	anuary 11, 2024. to:			

Provincial Assessment Program Unit by email at <a href="mailto:assesseval@gov.mb.ca">assesseval@gov.mb.ca</a> Indicate in the subject line: Sample Marking - Grade 10 Provincial Evaluation in Reading and Responding If email is unavailable, fax to 204-948-3356 or 204-948-2442

