Tennessee Department of Education
Preliminary Report – Grades Pre-K - 12
T-file STAFF REPORT

Category I Non-public Schools: Please complete one report for each professional (certified) teacher.

School Name: _____ School Number: _____

Teacher Name: _____ _____ _____
(Last) (First) (Middle)

Teacher License Number: _____

License Type(s) _____ Endorsement(s) _____ **Expiration Date**: _____

Status at this school: ☐ Full Time ☐ Part Time

I request permission to teach no more than two sections of a course outside my endorsement areas.

☐ Yes ☐ No Course Name_____ Course Code_____

I do not have a teacher license number because:

☐ Teacher License Requested Date of request: _____
☐ Montessori certified (kindergarten teachers only) MUST attach copy of Montessori certificate
☐ Other (explain):_____

Please mark all the items below which represent current assignment:

☐ Pre-School	☐ Grades 9-12	☐ Alternative School	☐ Physically/Health Impaired
☐ Kindergarten	☐ Ungraded	☐ In-School Suspension	☐ Multi-Disabled
☐ Transition Grade 1	☐ Adult High School	☐ ESL	☐ Deaf/Blind
☐ Grade 1	☐ Guidance	☐ Speech	☐ Visually Impaired
☐ Grade 2	☐ Library	☐ Language Impaired	☐ Blind
☐ Grade 3	☐ Art	☐ Specific Learning Disabled	☐ Hearing Impaired
☐ Grade 4	☐ Music	☐ Develop/Function Delay	☐ Deaf
☐ Grade 5	☐ Physical Education	☐ Serious Emotion Disturb	☐ Traumatic Brain Injury
☐ Grade 6	☐ Vocational	☐ Intellectual Disability	
☐ Grade 7	☐ Principal	☐ Intellectually Gifted	
☐ Grade 8	☐ Assistant Principal		

☐ Other (explain) _____

Self-contained class ☐ Yes ☐ No There are ____ students in this class.

Daily schedule: (For Course Name and Number: go to http://www.tn.gov/education/topic/correlations-of-course-and-endorsment-codes) **YOU MUST REPORT THE COURSE NAME AND COURSE NUMBER.**

All ☐ or M ☐ T ☐ W ☐ TH ☐ F ☐ (Indicate days to which schedule applies. Use only one schedule.)

Period 1 – Course Name _____Course Number _____No. of Students_____
Period 2 – Course Name _____Course Number _____No. of Students_____
Period 3 – Course Name _____Course Number _____No. of Students_____
Period 4 – Course Name _____Course Number _____No. of Students_____
Period 5 – Course Name _____Course Number _____No. of Students_____
Period 6 – Course Name _____Course Number _____No. of Students_____
Period 7 – Course Name _____Course Number _____No. of Students_____
Period 8 – Course Name _____Course Number _____No. of Students_____

I hereby certify that all data on this form is accurate, and the curriculum requirements of the State Board of Education as specified in the Rules, Regulations, and Minimum Standards are being met (0520-1-3).

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____