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| Title: |  |
| Facilitator: |  |
| Date |  | Time |  | CTLE Hours |  | Location: |  |

As appears on TEACH site:

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| **Name, First** | **Name Last** | **Title** | **District** | **Email** |
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Office Use:

Attached: ☐ Agenda Attached w/Facilitator(s)’ Bios, Objectives & Learning Methods and Outline ☐ Evaluations w/Assessment

☐ Promotional Materials ☐ PDF on R-drive ☐ Entered into Activity Report ☐ CTLE Identification Number 23025 (Educational Area: ELL)