Please print. Section 3: All Schools

GATE Teacher Roster
2008-2009
Due Date: December 5, 2008

School: _____ Team Leader: _____

GATE Class (Please label each class as Seminar, Cluster , AP or IB)	**Acct. Plan submitted** X	**Grade** (Levels)	**No. Classes** (periods)	**Teachers (s) of GATE Class** First Name	Last Name