

Newark Unified School District
PAR (Peer-Assisted Review) Request Form

Teacher _____ Site _____

Grade/Content _____

Reason for the request:

_____ Referred: Referred by: _____

(NUSD & NTA Agreement Article 19.1.1) Please print and sign

_____ Voluntary: _____

NUSD & NTA Agreement Article 19.1.2) Please print and sign

Suggested consulting teacher(s): List at least three

1.

2.

3.

These names are suggestions only. The PAR panel will make the final decision on the consulting teacher. (NUSD & NTA Agreement Article 19.2)

Please attach an outline in a brief paragraph the concerns to be addressed with the consulting teacher. Include in this dialogue the content areas to be addressed.

(NUSD & NTA Agreement Article 19.1 – 19.2)

Site Administrator _____ Date _____

PAR Panel Chairperson _____ Date _____

Distribution: Human Resources
Newark Teachers Association
Immediate Supervisor