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