



NELSON DISTRICT TEACHERS' ASSOCIATION

Suite 102 – 518 Lake Street, Nelson, BC V1L 4C6

PH: 250-354-9693

PART A: Visitation Proposal

Name of Applicant: _____	Date: _____
School: _____	
TTOC Required: Yes _____ No: _____	Dates: _____ FTE _____

Name of Host School _____ District # _____

Name of Host Teacher _____ Grade(s): _____

Subjects Taught: _____

Date of Visitation: _____

Purpose of Visitation:

Signature of Applicant

Signature of School Pro-D Rep

Signature of Pro-D Chair

IMPORTANT: Copy/scan completed PART A and send to NDTA Pro-d Chair





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PART B: Post-Visitation Report

Name of Applicant: _____ Date: _____ School: _____ Host School: _____

Please have the host teacher and host principal sign below.

Signature of Host Teacher

Signature of Host Principal

Briefly describe what you observed:

Explain if the visitation met or did not meet your expectations.

IMPORTANT: Copy/scan completed PART B and send to NDTA Pro-d Chair



FOR OFFICE USE ONLY

Date Received: _____

Individuals to initial:

PD Chair: _____ NDTA President: _____ PD Treasurer: _____

District Invoice No.: _____ NDTA Cheque No.: _____

*The NDTA is a local association of the British Columbia Teachers' Federation
#100 – 550 West 6th Avenue, Vancouver, B.C. V5Z 4P2*