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**BPA Input on Classroom Partnership**

The purpose of this form is to capture information about the overall effectiveness of the classroom partnership between the teacher and BPA member. This will be used to assist in determining the effectiveness of the team and BOCES’ decision to continue or discontinue the partnership with the current team. If you choose, please submit to the building/program supervisor by May 1.

|  |  |
| --- | --- |
| Department/Program: | Supervisor/Administrator: |
| Assignment/Teacher: | Date Submitted: |
| *Providing feedback on this questionnaire will not negatively impact your employment status with Monroe One BOCES.* | Strongly Disagree**1** | Disagree**2** | Neutral**3** | Agree**4** | Strongly Agree**5** |
| 1. There is effective communication between my classroom peers. teacher, and supervisor(s).
 |  |  |  |  |  |
| 1. The expectations of the classroom and/or my job have been made clear to me by my teacher and/or supervisor(s).
 |  |  |  |  |  |
| 1. I have received from my teacher and /or supervisor(s) specific information to perform my job duties successfully.
 |  |  |  |  |  |
| 1. I feel that my contributions to Monroe One BOCES are valued and recognized by my teacher and supervisor(s).
 |  |  |  |  |  |

Additional observations, thoughts, questions, concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are **interested in a change** **of assignment** **within your school program, building, or role**, please **use the space below** to identify what your interests are and the reason you would seek this change (Example: you have always wanted to work with an elementary school population or you have interest in working in a Day Treatment setting). Monroe One BOCES will make recommended placements based on needs. Your input in this process is valued.

**\*\*\* If you are requesting a transfer to a different Building/Program, please complete the**

**Program Transfer Request Form via Frontline Central by May 1 for the following school year. \*\*\***

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**BPA Unit Member Signature Print Name Date**