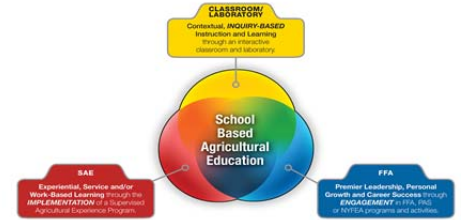




Georgia Agricultural Education

Teacher Program of Work Local Advisory Committee Review



This form should be completed and signed by the local Agricultural Education Advisory Committee members upon completion of the review of the Agriculture Teacher Program of Work and the teacher self-evaluation. Please attach this form to a hard copy of the actual POW that has been completed and reviewed.

Name of Agriculture Teacher:

Advisory Council meeting location:

Date of meeting for the POW Review:

**(signatures below indicate the Advisory Committee has reviewed each POW standard)*

Name of Advisory Committee Member completing this report:

In the space below, please allow all Advisory Committee Members which attended this review of the AgEd POW to provide a signature:
