



Georgia Agricultural Education

FY18 Teacher Program of Work Local Advisory/Administrative Committee Review

This form should be completed and signed by the Local System Administration upon completion of the review of the Agriculture Teacher Program of Work. Please attach this form to a hard copy of the actual POW that has been completed and reviewed.

Name of Agriculture Teacher: _____

Date of meeting for the POW Review: _____

This teacher successfully met all POW Standards: _____ Yes _____ No

If NO, please list by number the Standard(s) not met: _____

**(signature below indicates the Advisory/Administrative Committee has reviewed each POW standard)*

Administrator Signature: _____

(Principal, Asst. Principal, CTAE Director, or Superintendent)

Title: _____