**CTE Comprehensive Equity Grant: Supporting Differently Abled Students**

***Signature Sheet***

**Directions:** Please carefully read the attestation and provide all requested signatures; you will upload this document within the application.

***By providing your name and signature, you are attesting that you understand and accept the requirements of this professional learning series, including specified training dates.***

|  |  |  |
| --- | --- | --- |
| **Required Signatures** | **Name** | ***Signature*** |
| Superintendent/Executive Director |  |  |
| Building principal/leader |  |  |
|  |  |
| District CTE Director/Coordinator |  |  |

**Name of Selected CTE Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of [[1]](#footnote-1)CTE Teacher #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of [[2]](#footnote-2)CTE Teacher #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. If Chariho, Coventry, Cranston, Davies, East Providence, Foster-Glocester, Newport, Pawtucket, Warwick, Woonsocket [↑](#footnote-ref-1)
2. If Providence [↑](#footnote-ref-2)