



# ESL/ELD Teacher

Please complete this form when your ESL/ELD class is cancelled.

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Assignment: \_\_\_\_\_ Date Class(es) Cancelled: \_\_\_\_\_

Please fill in the following information for each class that was cancelled during the day.

Class(es) Cancelled Begin Time- End Time	Description of Cancelled Class(es)	Reason for Cancellation
<i>Example: 9:00-12:00</i>	<i>Intermediate Language</i>	<i>Lack of occasional teacher</i>

**NOTE:**

1. Provide a copy of this to your principal
2. E-mail a copy of this to your field superintendent
3. E-mail a copy of this to Lori DiMarco, Superintendent of Curriculum Leadership & Innovation ([lori.dimarco@tcdsb.org](mailto:lori.dimarco@tcdsb.org))
4. E-mail a copy to Deborah Karam, President of TECT ([dkaram@tect.org](mailto:dkaram@tect.org))
5. Print a copy for your records.