

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT  
CLT MEMBERSHIP FOR EARLY CHILDHOOD EDUCATION PROGRAMS (FORM B4-F)

School:

Date:

| Category   | Number   | Sub-Category                               | Name | Elected        | Replacement/<br>Date Elected | Term<br>Expiration |
|--|--|--|------|----------------|------------------------------|--------------------|
| <b>NON-EMPLOYEES (Non-Elected Members)</b>   |  |  |      |                |                              |                    |
| Parents  | Minimum 2<br><i>(At least two parents submitted to represent a school organization, i.e. PTA, Booster, etc.)</i> | Parent Organization Representative         |      | September 2019 |                              | May 2021           |
|  |  | Parent Organization Representative         |      |                |                              |                    |
|  |  | Parent                                     |      |                |                              |                    |
|  |  | Parent                                     |      |                |                              |                    |
| Community Minimum  | 2  | Reside in SAISD                            |      |                |                              |                    |
|  |  | Reside in SAISD                            |      |                |                              |                    |
| Business   | Minimum 1  | (Insert Name of Business)                  |      |                |                              |                    |
| <b>EMPLOYEES (Elected)</b>   |  |  |      |                |                              |                    |
| Teachers<br><br><i>Elected by their grade level, departments, learning teams, and vertical or multi-grade-level teaching teams or academies.</i> | 3 to 6   | Grade Level:                               |      | September 2019 |                              | May 2021           |
|  |  | Early Childhood 3yr – English              |      |                |                              |                    |
|  |  | Early Childhood 3yr – Spanish              |      |                |                              |                    |
|  |  | Early Childhood 4yr – English              |      |                |                              |                    |
|  |  | Early Childhood 4yr – Spanish              |      |                |                              |                    |
|  |  | Special Education                          |      |                |                              |                    |
|  |  | Gifted/Talented <sup>(If applicable)</sup> |      |                |                              |                    |
| Paraprofessional & Classified  | 2 (1 each or 2 of same)  | Para or Classified                         |      |                |                              |                    |
|  |  | Para or Classified                         |      |                |                              |                    |
| Prof. Support Staff<br><i>(Nurse, Counselor/ Social Worker, Librarian, AP, DIC)</i>  | 1 or 2   | (Insert Title)                             |      |                |                              |                    |
|  |  | (Insert Title)                             |      |                |                              |                    |
| District-level Professional  | 1  | (Insert Title)                             |      |                |                              |                    |

**Please send this original form to the appropriate Assistant Superintendent and a copy to the Governmental & Community Relations Department  
Revised: August 2019**