



Indiana Conference of Seventh-day Adventists

Survey of Teacher's Plans for Next Year

Your Name: _____ Date: _____

School at Which You Currently Teach: _____

Number of Years at this School: _____ Total Teaching Years: _____

Please check the items that apply to you relative to next school year:

- _____ 1. I would like to continue teaching in my present school.
- _____ 2. I would like to transfer to another church school in Indiana.
- _____ 3. I would like to transfer to another conference, such as _____
- _____ 4. I don't plan to teach for the Indiana Conference next year.
- _____ 5. Other: _____

Comments:

My Summer Plans Are: *(check/complete all that apply to you)*

_____ Take summer classes at _____

_____ Attend a free workshop sponsored by the Department of Education at _____
For more information see: <http://www.ed.gov/teachers/how/tools/initiative/index.html>

_____ Other: _____

Please complete this form and return it to the
Indiana Conference Office of Education
PO Box 1950
Carmel, IN 46082-1950
Fax: 317-571-9281