



TEACHER CHECKLIST – TRANSFER STUDENTS

Due to DCTC by **Fall Count Day**

INSTRUCTOR: _____

CTE PROGRAM: _____ SCHOOL: _____

- DCTC policies have been reviewed with transfer students.
- DCTC policies have been signed by student and parents
- Transfer students have received a copy of **YOUR** school district's handbook and are aware of your policies.
- Internal attendance/tardy policies that may affect grades have been reviewed with students
- Transfer students have received bus ID cards
- All students received a course syllabus
- Emailed Jennifer Perry regarding "NO SHOWS" at jeperry@dctc-cte.org

Signature of Instructor

Date

DUE TO DCTC BY **Fall Count Day**
FAX NUMBER: 734-782-4175