COMPLIANCE REVIEW
TEACHER RECORDS REQUEST

District: _____ Date of Visit: _____

Name	Official Transcripts	Physical Exam	Notice of Accum. Sick Days 8/14	Criminal Background Fingerprint Check 8/1/85 FBI 8/1/04	Mandated Child Abuse Report 7/1/86	Teacher Evaluation	Statewide Sex Offender/Child/ Murder/Violent Offender Data Bases 8/11	I-9 Form (Dept. of Homeland Security) 8/14	Licensure Problems

Rev. 9/21/2017/nb