

INVENTORY OF TEACHER TECHNOLOGY SKILLS (ITTS)
Annual Verification Report

Date _____ School Name _____

Number of teachers _____ Number of teachers completing the ITTS survey _____

100% of my teachers have completed the Inventory of Teacher Technology Skills survey:

Circle one: **yes** **no**

If **no**, for each teacher not completing the survey, list name and reason.

Print Principal's Name

Principal's Signature

Please return the completed form via the district courier to Matt Frey by May 29, 2008.