**National Board Professional Development School/District**

**2023-2024 Registration Form**

School / District Address Administrator Title Email Phone National Board Cohort Facilitator (if known) Email Phone

Teacher Liaison Phone

**Cohort Members** (teachers and/or counselors)

|  |  |  |
| --- | --- | --- |
| **Teacher /counselor****First and last name** | **Grade / Content Area** | **email** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** |  |  |

Duplicate this document to include additional cohort members.

Return by April 14, 2023 to:

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Illinois State University

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