Career, Technical and Agricultural Education
Perkins IV Compliance Reviews FY2014

Name: ______________________________________________________________________
System/School: _______________________________________________________________
Email Address: ________________________________________________________________
Business Phone: __________________________  Cell: ________________________________

Please place a 1, 2, and 3 indicating your 1st, 2nd, and 3rd preference in the boxes to the left of the systems you wish to serve as a Perkins IV Compliance Review team member during the 2013-2014 school year. Please refer to the map below for the location of the systems to be reviewed.

[Map of Georgia showing locations of systems to be reviewed]