BARBOUR COUNTY BOARD OF EDUCATION

TEACHER/PUPIL RATIO

_____ _____

Teacher's Name **School**

_____

Teacher's Signature **Date**

_____ _____

Principal's Signature **Date** **Employee ID#**

DATE		EXCESS OVER 20 OR 25 PER DAY	LENGTH OF TIME
Teachers Daily rate x 1/20th or 1/25			

Please list each day/class on a separate line and put total number of students for that day on each line. Revised 08/18/14