附件4

贵州省县级教师发展示范中心

申报表

教育局（盖章）

局长姓名

申报机构

申报机构负责人姓名

申报机构联系电话

申报机构地址

贵州省教育厅 制

2020年1月

填 表 说 明

一、本表填写时，内容要具体、真实与佐证材料一致；

二、如填写内容较多，可另加附页；

三、本表一式3份；

四、本表请用计算机打印。

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| 教育局  名称 | | |  | | | | | | | | | | | | | | | 局长姓名 | | | | | | | | |  | | | | | | | | |
| 申报机构名称 | | |  | | | | | | | | | | | | | | | 负责人 | | | | | | | | |  | | | | | | | | |
| 申报机构地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | 负责人联系电话 | | | | | | |  | | |
| 申报单位联系人姓名 | | | |  | | | | | | | 联系电话 | | |  | | | | | | | | | 电子邮件地址 | | | | | | |  | | | | | |
| 申报机构对应遴选条件的工作总结 | | | | | （不超过1000字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 贵州省区域中小学教师发展示范中心三年建设规划 | | | | | （建设目标、组织机构，制度建设、队伍建设、规划实施策略、保障措施等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 机构专职教师基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 教师学历情况 | | | 研究生 | | | | | | | | 本科 | | | | | | | | | | 专科 | | | | | | | | | | |  | | | |
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| 职称情况 | | | 正高 | | | | | | | | 高级 | | | | | | | | | | | 一级 | | | | | | | | | | 二级 | | | |
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| 骨干教师情况 | | | 特级教师 | | | | | | | | 省级骨干教师 | | | | | | | | | | | 市（州）级骨干教师 | | | | | | | | | | 县（市、区）级骨干教师 | | | |
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| 教学名师情况 | | | 省级 | | | | | | | | 市（州）级 | | | | | | | | | | | 县（市、区）级 | | | | | | | | | | 校级 | | | |
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| 机构兼职教师基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | | | | 职称 | | 单位 | | | | | | | | | | | 联系电话 | | | | | | 承担过工作 | | | | | | | | | |
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| 机构管理队伍情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 部门 | | | | | | | | | 姓名 | | | | | 职务 | | | | | 职称 | | | | | | 职责 | | | | | | | | | |
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| 机构教育教学设施情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 设施名称及规模 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 机构规章制度建设情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日期 | | 标 题 | | | | | | | | | | | | | | | 设置目的 | | | | | | | | | | | | | | 执行效果 | | | | |
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| 机构教育教学实践基地情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 中  小  学  实  践  基  地 | 学校 | | | | | | | | | | | 联系人 | | | | | | | 电话 | | | | | | | | | 承担实践工作情况 | | | | | | | |
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| 发挥名师名校长工作室作用情况 | 工作室名称 | | | | | | | | | | | 联系人 | | | | | | | 电话 | | | | | | | | | 承担实践工作情况 | | | | | | | |
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| 机构近三年承担中小学教师培训情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目 | | | | | | | | | | | 时间 | | | | | | | 规模 | | | | | | 效果 | | | | | | | | | | |
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| 机构特色建设情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 机构近三年教师发展资金投入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时 间 | | | | | | 项 目 | | | | | | | 金 额 | | | | | | | | | | | 涉及人员 | | | | | | | | | |  | |
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| 市（州）教育局推荐意见 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 负责人： 盖 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评审专家考核、推荐意见 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 负责人： 盖 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 省教育厅意见 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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