## END OF YEAR CHECKOUT LIST

## Teacher Name: \_\_\_\_\_

| Task:  | Complete By   | Signed-off By: | Initials: |
|--|---------------|----------------|-----------|
| Remove all materials from the walls                                  | (end of day): |                |           |
|  |               |                |           |
| Box personal items and place on top of desk                          |               |                |           |
| Clean Classroom and Desks  | 1             |                |           |
| Submit all text books, teacher's editions, workbo                    | oks, etc.     |                |           |
| to the library (see schedule)  |               |                |           |
| Submit Failure Lists   | -             |                |           |
| Submit up to date roll book (attendance and grad                     | les           |                |           |
| section)   |               |                |           |
| Enter Student Grades   |               |                |           |
| Box and label classroom materials (stapler, tape                     |               |                |           |
| dispenser, hole punch, scissors, etc.) (room off S                   |               |                |           |
| Williams' office)  |               |                |           |
| Box and label teaching aides and materials (room                     | n off S.      |                |           |
| Williams' office)  |               |                |           |
| Submit Room Inventory Form   |               |                |           |
| Submit Student Placement Forms                                       |               |                |           |
| Complete Summer Contact Info Form                                    |               |                |           |
| Return all Keys (classroom, closets, file cabinets, must be labeled) | etc. –        |                |           |
| Turn in Audio Visual Equipment (tv, dvd, vcr, et                     | tc.)to        |                |           |
| Library (see schedule)   | ,             |                |           |
| Turn in LCD Projectors to library (see schedule)                     |               |                |           |
| Turn in ELMO to library (see schedule)                               |               |                |           |
| Turn in Overhead Projector to library (see sched                     | ule)          |                |           |
|  |               | I              |           |
| Principal's Signature Date   | SOM's Signatu | ıre            |           |