



British Columbia's

K-12 Innovation Strategy

INNOVATION PARTNERSHIP + INNOVATION INVENTORY GUIDELINES

Sign-off for Public Schools:

Lead teacher:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Principal:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Local teacher union representative:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Local union president:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Superintendent:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Date:

____ / ____ / ____
YYYY MM DD