附件4

**新教师岗前综合能力提升培训项目预报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学校（盖章）： | | | | 师资管理部门负责人: | | | | 联系电话： | | |
| **序号** | **培训模式** | **学校名称** | **姓名** | | **手机号码** | **所在部门及目前岗位** | **QQ或邮箱** | | **任教专业所在大类** | **备注** |
| 1 | “教师教育”培训（4周） |  |  | |  |  |  | |  |  |
| 2 |  |  | |  |  |  | |  |  |
| 3 |  |  | |  |  |  | |  |  |
| 4 |  |  | |  |  |  | |  |  |
| 5 | “教师教育+跟岗实践培训”  （8周） |  |  | |  |  |  | |  |  |
| 6 |  |  | |  |  |  | |  |  |
| 7 |  |  | |  |  |  | |  |  |
| 8 |  |  | |  |  |  | |  |  |