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| 附件1：  文成县初中信息科技课堂教学评审参评教师推荐表    学校\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 | |  | 出生年月 |  | | 工作  单位 |  | 邮编 | |  | 职称 |  | | 工作时间 |  | 联系  电话 | |  | 电子邮件 |  | | 工作  经历 |  | | | | | | | 业绩  荣誉 |  | | | | | | | 推荐学校意见 | | | 县（市、区）教研室意见 | | | | |  |  |  |  |  |  |  |   注：此表学校盖章后拍照后将电子稿于4月21日前发给县教研员 |