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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\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| 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 |
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 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 |