



WILLIAM GLASSER
INTERNATIONAL

Faculty Agreement

(for ÖVERTC achieving faculty status for the first time)

1 Contact Information:

Name: _____

Country: _____

Day Phone: _____ Email: _____

2 Agreement:

I have read the Programs, Policies, & Procedures Manual of The William Glasser Institute and agree to the following:

- to implement all policies and procedures as outlined in the Manual and in subsequent newsletters;
- to stay abreast of current developments in choice theory, reality therapy and lead-management;
- to maintain current membership in The Institute;
- to teach the ideas of Dr. William Glasser, and those endorsed by him;
- to work with 'approved' faculty of The Institute (i.e not ex-Institute Faculty) and;
- to specifically teach, sponsor, and promote the prevention of discipline problems in schools through the use of choice theory. and lead-management as illustrated, for example, in *Every Student Can Succeed*.

I understand that to maintain my status as approved faculty of The William Glasser Institute each year, I will abide by the policies and procedures outlined above.

Faculty Name (please print)

Signature

Date