

Teacher Start Form

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After the first activity, complete this form and return it to your school coordinator or fax to 916.480.2773 or mail to above address.

Teacher: _____ Current Email _____ Grade: _____

School: _____ School phone: _____ Start Date: _____

Volunteer Name: _____

What is the name of the JA Program being presented in your classroom? _____

For statistical purposes, please provide the number of students in your class by ethnic group.

_____ Asian _____ Hispanic Origin _____ African American

_____ Caucasian _____ American Indian/Alaskan _____ Native Hawaiian/
Pacific Islander

_____ Other

_____ TOTAL # OF STUDENTS IN YOUR CLASS

Are the JA staff, volunteers, and materials meeting your expectations?

Yes, my class is going well.

If you have questions or concerns, please call our Programs Staff at 916.480.2770