



Participant Data Form

Thank you for providing information for our data report to ALAHASP funding agencies.

First and Last Name _____

Home Address _____ City _____

ST _____ ZIP _____ Home Phone (____) _____

Email address _____

Please check this box if you are currently a pre-service teacher candidate; i. e., a student teacher or undergraduate student. ☐ If so, you will not need to complete the questions below.

System _____ School _____

TOTAL Number of Students in *all* your classes _____

TOTAL Number of Students in *all* your *Science* classes _____

Are you currently teaching out-of-field? Yes ☐ No ☐

Certificate Level in the *field in which you are currently teaching* (mark one):

☐ AA (EdS or 6 year) ☐ A (Master) ☐ B (Bachelor) ☐ No Certificate ☐ Emergency, Provisional, or Temporary Other (specify): _____

Highest Academic Degree Attained (mark one):

☐ Doctorate ☐ Education Specialist/Professional Diploma ☐ Master ☐ Bachelor
☐ Associate ☐ Other (specify): _____ ☐ No Degree

Grade Level(s) You Teach/Counsel _____

Number of years of full-time professional teaching/administrative experience:

☐ No Experience ☐ ≤ 1 ☐ 2 – 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20 ☐ 21 – 25 ☐ > 25

Please mark only one:

☐ Teacher ☐ Counselor ☐ Participating Administrator ☐ Pre-Service Teacher Candidate
☐ Higher Education Faculty working on the project ☐ Teacher aide/para-professional
☐ Other (specify): _____

What is the name of today's workshop? _____ Date of workshop _____

Please list the hands-on science kits that you have been trained to teach:

List the names of hands-on science kits that you have used in your classroom:

Does ALAHASP have your permission to use for reproduction any photos taken during this event in which you appear? _____

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