Participant Data Form

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

<table>
<thead>
<tr>
<th>First and Last Name</th>
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<tbody>
<tr>
<td>Home Address</td>
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<tr>
<td>City</td>
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<td>ZIP</td>
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<tr>
<td>Home Phone</td>
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<td>Email address</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>System</th>
<th>School</th>
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</table>

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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