

Texas ProStart School Mentor On-Site



Date: _____

School/Educator Information:

Instructor Name: _____ School Email _____

School Name: _____ ISD: _____

School Address: _____ City, St, Zip: _____

Phone: _____

Administrative support of program: Low Medium High

Interest in working with Chapter? (Serve on education committee, Cater Chapter Functions, Provide Student Volunteers) yes no If yes, in what capacity: _____

Educator Needs: (*identify program needs, i.e. financial, equipment, curriculum*)

Follow Up Needed:

Date(s) of Contact:

<i>Date:</i>	<i>Purpose of Visit</i>

Notes:

Please complete the following form, take back to your local chapter members, and share with Texas ProStart Coordinator, Yvonne Loya/TRAEF, fax: 512/472.2777, yloya@tramail.org.

