Movin' and Munchin' Schools
PROGRAM SUMMARY FORM
Due 6/15/10

Program Contact Name: _____

School District: _____

School Name: _____

School Address: _____

City and Zip Code: _____

Contact Phone: _____

Contact E-mail: _____

Business Manager Name: _____

Business Manager Phone Number: _____

Please answer the following questions on this form or on an attached sheet of paper.

1. How many students participated? _____

2. What grade levels participated? _____

3. How many adults/parents participated? _____

4. How many teachers participated out of the total building staff? _____ (Ex: 30/40, 75%. Remember you must have 50% of staff participate to be eligible for a WEA Trust matching award.)

5. Write a two paragraph description of what you did for your program. (Answer questions like where did you go, who participated, how long did the program go on, did you increase participation if you did this in previous years, or what, if anything, new you did to increase participation?) **Please keep your description concise.**

_____

_____

_____

_____

_____

_____

6. Describe community involvement. _____

_____

7. Describe participant (student, school, staff) response. _____

_____

8. (Optional) Please share any pictures or media articles involving the program.

Please mail this form to:
Jon Hisgen
State of Wis. Dept. of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841

Or fax to: (608) 266-3643