

<div>STARBASE VERMONT CLASS DEMOGRAPHICS INFORMATION FORM</div>

The information we are requesting is a requirement for our funding.
All information is kept *confidential* and used for statistical purposes only.
Thank you for your help.

School: _____ Teacher: _____

Grade Level: _____ Program Dates: _____

School Address: _____

School District: _____

Phone Number: _____ FAX Number: _____

Email: _____.

Total Number of Students in Class: _____

** Please list the number of students falling into each category in your class*

Racial Background (actual number please):

African American: _____ Asian: _____ Caucasian: _____ Hispanic: _____

Multiracial: _____ Native American: _____ Other: _____

Gender (actual number please):

Male: _____ Female: _____

Underrepresented (actual number please):

Single Parent Family: _____ Other: _____

Free/Reduced Lunch: _____

Learning Disabilities: _____
(include ADD & ADHD)

Behavior Plan: _____

Physically Challenged: _____ *** TOTAL STUDENTS FALLING INTO AT LEAST
ONE OF THE ABOVE CATEGORIES _____

English Language Learners: _____