

Facilitator Photo and Information Form

for KET Classes

Check the class(es) you facilitate: Humanities Physics AP® Physics Honors Physics
 German I German II German III Latin I Latin II Latin III AP® Latin Literature

Please complete this form, collect all the student photo and information forms for the class, and send them all to KET as soon as possible:

Linda Hofacker
 KET, The Kentucky Network
 600 Cooper Drive
 Lexington, KY 40502-2296

Photo of Facilitator

Attach with a single strip of scotch tape at top of photo.

Photo of Class and Facilitator in School Surroundings

Attach with a single strip of scotch tape at top of photo.

Name of Facilitator _____

Name of School _____

Address of School _____

County _____ Street _____ City _____ State _____ Zip _____
 Name of Principal _____

School Phone (___) _____ School Fax # (___) _____

Classroom Phone # (___) _____ School Mascot and Colors _____

Facilitator's E-mail Address _____ School URL _____

Facilitator's Home Address _____

Home Phone: (___) _____ Street _____ City _____ State _____ Zip _____
 May I call you at home? Yes No

For each class, indicate the requested information, including the time the class meets (Eastern Time).

		<i>AP® Physics</i>		<i>Physics, Honors Physics</i>	
		Begin _____ End _____		Begin _____ End _____	
		<input type="checkbox"/> Full Year		<input type="checkbox"/> Full Year	
		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	
<i>German I</i>		<i>German II</i>		<i>German III</i>	
Begin _____ End _____		Begin _____ End _____		Begin _____ End _____	
<input type="checkbox"/> Full Year		<input type="checkbox"/> Full Year		<input type="checkbox"/> Full Year	
Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	
<i>Latin I</i>		<i>Latin II</i>		<i>Latin III</i>	
Begin _____ End _____		Begin _____ End _____		Begin _____ End _____	
<input type="checkbox"/> Full Year		<input type="checkbox"/> Full Year		<input type="checkbox"/> Full Year	
Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	
				<i>AP® Latin Literature</i>	
				Begin _____ End _____	
				<input type="checkbox"/> Full Year	
				Block Sem. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	

1. Did you volunteer for the facilitator position? Yes No
2. How did you first learn of the position of facilitator for these classes? _____

3. Do you have any classroom experience with students? If so, please explain below. _____

4. What do you expect to get out of the course(s) in your capacity as facilitator? _____

5. What is your major concern as facilitator for these classes? _____

6. Do you have any experience with the subject matter of the class(es) you are going to facilitate? If yes, please explain.

7. Comments or suggestions? _____

8. To help us better meet your needs, please fill in the following dates and other interruptions in your academic schedule. These "other interruptions" would include notes about getting out for sports tournaments, Mardi Gras, deer hunting, etc. I have included the breaks we will take in parentheses. You might want to make a copy of this list before you send it in.

SCHOOL YEAR 2008/2009	Your School's Schedule	KET's
First Day of Class	_____	[August 4]
Labor Day	_____	[September 1]
Election Day	_____	[November 4]
Veteran's Day	_____	[November 11]
Thanksgiving Holiday	_____	[November 27-28]
Hanukkah	_____	
Winter Break	_____	[December 22-January 2]
Martin Luther King Jr. Day	_____	[January 19]
Presidents' Day	_____	
Good Friday/Easter	_____	[April 10, afternoon]
Spring Break	_____	
Memorial Day	_____	[May 25]
Last Day to Complete Course Work	_____	[June 15]
_____	_____	
_____	_____	

I give permission to use my image and/or voice on television and/or the Internet for purposes directly related to KET's Distance Learning program.

Facilitator's Signature _____ Date _____