



# Middle School STEM Match Program

## Teacher Background

Please complete, save as Word doc or PDF and send to your Professional

### Teacher Information

Name:	
My students call me:	
Phone:	
Email:	
Best way to contact me:	____ Phone ____ Email
Best time(s) to reach me:	
Classes I teach:	

### School Information

School name:	
Main office phone:	
Address:	
Directions to school:	
Where to park:	

### Student Information

Grade level(s):	
Number of class periods:	
Times and length of each class period:	
Number of students in each class:	
Topics my class has studied / is studying:	
Anything your STEM Professional should know about your classes:	



# Middle School STEM Match Program

## Teacher Background

Please complete, save as Word doc or PDF and send to your Professional

(e.g. the class after lunch is quiet, special need that should be accommodated during activity, language barrier)	
Additional information:	

### Available Equipment (please mark all that apply)

	Projection screen	
	Overhead projector	
	LCD projector	Works with ___ PC ___ Mac
	Smart Board	Works with ___ PC ___ Mac
	Computer	Operating system ___ Windows ___ Mac
	Internet access	
	Whiteboard or chalkboard	
	Flip chart	
	TV/VCR	
	Wall map	
	Sink	
	Other equipment	Please list:

### Additional Comments: