

# Middle School STEM Match Program

## Teacher Background

Please complete, save as Word doc or PDF and send to  
mdstemfest@gmail.com

### Teacher Information

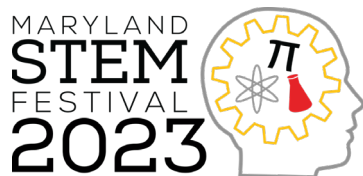
Name:	
My students call me:	
Phone:	
Email:	
Best way to contact me:	____ Phone ____ Email
Best time(s) to reach me:	
Classes I teach:	

### 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:	



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<p>Anything your STEM Professional should know about your classes:</p> <p>(e.g. the class after lunch is quiet, special need that should be accommodated during activity, language barrier)</p>	
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: