G I R L   P O W E R   A D V I S O R   P R O F I L E

Welcome to GIRL POWER!   GIRL POWER requests the following information for its central archives and also for the GIRL POWER Statewide Office. The principal purpose for requesting this information is to verify your participation in GIRL POWER in order to provide you with the appropriate level of service and to apprise you of program related opportunities as they occur.

I.   ADVISOR RECORD INFORMATION

First Name _____   Middle_____   Last Name_____

GIRL POWER Site _____SJSU_____

Home Address _____

City_____   State CA   Zip _____

Day Phone _____-_____-_____   Evening Phone _____-_____-_____

If necessary, may we please call you at home? [ ] Yes   [ ] No   E-mail 1_____

If yes, when? [ ] Mornings [ ] Afternoons [ ] Evenings   E-mail 2_____

Shirt Size: [ ] Extra Small   [ ] Small   [ ] Medium   [ ] Large   [ ] Extra large   [ ]XXL

II.   SCHOOL SITE INFORMATION & PERSONNEL

School Name_____

School Address_____

City_____   State CA   Zip _____

School Phone Numbers: Voice _____-_____-_____   Fax _____-_____-_____

School Principal _____

When is the best time to reach you at school?   [ ] Mornings   [ ] Afternoons

Prep Period: _____   Time: _____

III.   EMERGENCY INFORMATION

IN CASE OF AN EMERGENCY, CONTACT:

First Name _____   Middle_____   Last Name _____

Home Address _____

City_____   State CA   Zip _____

His/Her Relationship to you _____

Day Phone _____-_____-_____   Evening Phone _____-_____-_____

IV.   TEACHER CERTIFICATION & EDUCATION

College degree (check all that apply)   [ ] BA [ ] BS [ ] MA [ ] Ph.D.   Year of graduation ____

College Major _____   College Minor _____

Certification to teach in (specify) _____

When did you become a GIRL POWER Advisor _____ /_

_____ / _____ Year you began

teaching _____

Do you receive release time/preparation period for GIRL POWER-related work and activities?   [ ] Yes [ ] No

If yes, when is your preparation period? _____

Check all that apply to you.

Junior High/Middle School Only

[ ] Basic Mathematics   [ ] Algebra I

[ ] Pre-Algebra (1-year track)

[ ] Pre-Algebra (2-year track)

[ ] Other appropriate course (specify) _____

[ ] Off Advanced Placement (AP)

Senior High School Only

[ ] Algebra I   [ ] Trigonometry

[ ] Geometry   [ ] Trigonometry/Analytical Geometry

[ ] Algebra II   [ ] Pre-Calculus

[ ] Algebra/Trigonometry   [ ] Calculus

[ ] Other Mathematics course (specify) _____

[ ] Chemistry   [ ] with Lab

[ ] Physics   [ ] with Lab

[ ] Other Science courses (specify) _____

[ ] Counselor

[ ] Other (only) please specify _____

C O N T I N U E   O N   R E V E R S E