

# Project Learning Day February 17, 2018 Teacher Information

(Please fill out one for each class.)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Class? \_\_\_\_\_

\_\_\_\_\_

Description of Class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of Class? \_\_\_\_\_

Number of Classes? \_\_\_\_\_

Number of hours per class? (1 class is 50 minutes) \_\_\_\_\_

Age requirement of students (Minimum age)? \_\_\_\_\_

Maximum number of students? \_\_\_\_\_

Supplies students need to bring? \_\_\_\_\_

\_\_\_\_\_

A specific type of class room if possible? \_\_\_\_\_

\_\_\_\_\_

**Return form to UW-Extension, Jefferson County Office, 864 Collins Road,  
Jefferson, WI 53549 by December 15, 2017.**