QUESTIONNAIRE FOR PROSPECTIVE PARTNERS

Organization Name: _____________________________________________________________
Address: _____________________________________________________________________
Contact Person: __________________________________________________________________
Title: _______________________________________________________________________
Telephone: _____________________________________________________________________
E-mail: _______________________________________________________________________

Do you wish to partner with
  __ Specific school(s). Please specify: __________________________________________
  __ Specific student population (grade level, etc.) Please specify:________________
  __ No preference

Please check partnering activities of interest (check all that apply):
  __ Guest speaker in classroom*
  __ Tutor (usually single student or small group; 1-2 hours per week at school)
  __ Lunchtime buddy/mentor (i.e. help with schoolwork; study skills; listening)
  __ Mini-course instructor* – for students or teachers, before, during, or after school hours
  __ Science Fair judge
  __ History Day judge
  __ Field trip guide*
  __ Career Day speaker*
  __ Interviewer at high school mock interviews (prepare students for college/job opportunities)
  __ Mentor high school internship or research project* (meet at school or company)
  __ Provide paid, entry-level position for student
  __ Provide work for special needs students (stapling, simple assembly, envelope stuffing, towel folding, etc.). Work is free and monitored; conducted at school or business.
  __ Other (specify)___________________________________________________________

* For items checked above, please indicate subject area(s) of expertise or special interest, if applicable: __________________________________________________

Offer indirect or financial support to schools:
  __ Provide student incentives (gift certificates, merchandise, etc.)
  __ Sponsor a student club or an academic or athletic event
  __ Provide refreshments for events, appreciation days, etc.
  __ Financial contribution
  __ Participate in the Employee Incentive Program
Other (specify) ________________________________

Please fax completed form to the HCPSS Partnerships Office at 410-313-6661.
Questions? Visit www.hcps.org/aboutus/partnership
or contact the Partnerships Office at 410-313-6655 or partnerships@hcpss.org

THANK YOU for your interest in partnering with Howard County Public Schools!