



## LST PARTICIPATING SCHOOLS FORM

Please complete one form for each school that will participate in this grant. *If more than 10 schools will be participating, please complete the 10 forms within this application and [click this hyperlink](#) or contact Diane Ballard ([diane.ballard@colorado.edu](mailto:diane.ballard@colorado.edu)) for additional forms.*

**Note: When this is submitted online, it is not possible to return to this page after submission.**

### School Address and Contact Information

Enter N/A if the field does not apply.

School Name: \_\_\_\_\_ School Structure (e.g, 7-12, 9-12): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_ Total # 9<sup>th</sup> Graders in School: \_\_\_\_\_

School Principal: \_\_\_\_\_ Principal Phone: \_\_\_\_\_ Principal Email: \_\_\_\_\_

Name of School Contact (if not principal): \_\_\_\_\_ Phone of Contact (if not principal): \_\_\_\_\_

Email of Contact (if not principal): \_\_\_\_\_

School's Locale:  Urban/Suburban (population center over 30,000)

Rural (population center less than 30,000)

### IMPLEMENTATION PLAN for School:

Subject area in which LST will be taught	
Typical class size for this subject area	
Class length (in minutes)	
Is a classroom available for LST? (Y/N)	
Will all 9 <sup>th</sup> graders receive LST in the Fall semester? (Y/N)	
# of 9 <sup>th</sup> graders who will receive LST	
Are there mixed grades? (Y/N)	
# of instructors who will deliver LST	

Would you like to add more schools to this application?

**Note: If no is selected, you will be taken to the end of the application and will be unable to return to add additional schools.**

Yes, I would like to add another participating school to this application.

No, there are no more schools to add to this application.

### For questions, contact:

Diane Ballard | 303-735-4164 | [diane.ballard@colorado.edu](mailto:diane.ballard@colorado.edu)