



LST HIGH SCHOOL PARTICIPATING SCHOOLS FORM

Please complete one form for each school that will participate in this grant. *If fewer than 10 schools will be participating, please complete the 10 forms within the online application. Use this form if more than 10 schools included in application.*

School Address and Contact Information

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

School Telephone: _____ School Fax: _____ Total # 9th 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 th graders receive LST in the Fall semester? (Y/N) | |
| # of 9 th graders who will receive LST | |
| Are there mixed grades? (Y/N) | |
| # of instructors who will deliver LST | |

For questions, contact:

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