



## IOOBY School/ Class Information

Your Name and School: \_\_\_\_\_

Your class information:

Grade Level: \_\_\_\_\_

Total # of students: \_\_\_\_\_

# of ESL students: \_\_\_\_\_

Breakdown of languages spoken/ ethnicities:

Please list and describe students with disabilities/special needs:

What other outdoor/environmental education programs are you participating in this year with your class?

When will you be doing these program(s)?

Please list names of parents and/or volunteers that will adopt your class for this looby year.

Please detail any other important information about your school, class and students that will help looby deliver the best possible program to you.

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