

**Commonwealth of Virginia
Virginia Department of Education
Governor's Great Virginia Teach-In
Survey Form**

1. Does your school plan to participate in the Virginia Teach-In? Yes ___ No ___
If yes, please designate a contact person for your school division in the space below.
2. Would your division prefer to conduct interviews at the designated 10 x 10 booth or in a separate room? Booth ___ Room ___
3. In addition to hosting a booth and conducting interviews, would you be willing to conduct a concurrent workshop session? Yes ___ No ___
4. Does your division have a "Grow-your-Own" or other future teacher organization at the high school level? Yes ___ No ___
If yes, would you be interested in sending students to participate in a series of special workshops and events on Saturday, March 27, 2004, designed to encourage students to enter the teaching profession? Yes ___ No ___

Division name: _____

Division contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please fax or mail this survey form on or before **January 16, 2004**, to:

**Michael S. Myers, Director
Teacher Quality Enhancement Office
Virginia Department of Education
Division of Teacher Education and Licensure
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