

IMPACT Co-op Family Survey



Please take a few minutes to complete this family survey:

Your name: _____ E-mail address: _____

Would you be willing to teach a class and come up with your own idea and curriculum? **Yes / No**

Would you be willing to teach a class if the main idea and curriculum was provided? **Yes / No**

Do you have a degree or special training in anything? **Yes / No** If yes, what? _____

What are some hobbies or skills that you are good at (Knitting, music, language, life skills, etc)? _____

What are some class ideas you can think of that we could provide our children? _____

Would you be willing to teach a class in anything related to the above? **Yes / No**

Please list anyone or any contracted teacher who may be interested in teaching at IMPACT: _____

Please check the boxes of classes in which you would be interested in for your family:

Ages 4-6

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> History | <input type="checkbox"/> Music | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Science | <input type="checkbox"/> P.E. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | _____ |

Ages 7-9

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> History | <input type="checkbox"/> Music | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Science | <input type="checkbox"/> P.E. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | _____ |

Ages 10-13

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> History | <input type="checkbox"/> Music | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Science | <input type="checkbox"/> P.E. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | _____ |

Ages 14 & up

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> History | <input type="checkbox"/> Music | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Science | <input type="checkbox"/> P.E. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | _____ |