



## 2010-2011 C-CAP Teacher Information Form

Please fill out the following form and return it to your local C-CAP Coordinator. Your responses will help C-CAP tailor our programs and services for teachers and students to better fit your needs in the 2010-2011 school year. Please note there are **two** pages.

### TEACHER/SCHOOL DATA

Teacher Name \_\_\_\_\_

Email Address \_\_\_\_\_

School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

High School Name \_\_\_\_\_

Principal Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Assistant Principal Name \_\_\_\_\_ Work Phone \_\_\_\_\_

### INDUSTRY WORK EXPERIENCE

1. Years Teaching Culinary \_\_\_\_\_
2. Do you have a degree in culinary arts, hospitality or a related field?  
 Yes \_\_\_\_\_  No  
School Name Major Degree
3. Do you have professional work experience in the culinary/hospitality industry?  
 Yes, years of experience \_\_\_\_\_  No

Please indicate your professional culinary/hospitality industry work experience by filling in the table below. Please do not include teaching experience.

Place of Employment	Position/Specific Nature of Work	Approximate Dates
1.		
2.		
3.		
4.		

## CLASSROOM INFORMATION

1. Are you a CTE program?  Yes  No Length of school's culinary/hospitality program \_\_\_\_\_
2. Program Focus (Check all that apply)  Culinary  Baking  Hospitality
3. Do you participate in Family, Career & Community Leadership of America (FCCLA)?  
 Yes  No

Name of Class <small>List each section separately</small>	Grade Level(s)	Class Length	# of Students	Student Demographics (please indicate #)										
				Female	Male	American Indian/ Alaska Native	Asian	Black / African- American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Other		

Biggest teaching challenge \_\_\_\_\_

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Assistance I need from C-CAP \_\_\_\_\_

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