



Toyota-Regional Collaboratives Partnership

In the Service of Texas Science Teachers

Colleague Data Form

(2003 – 2004)

Toyota Mentor Name _____

Due Date _____

Toyota Mentors: Please complete the above 2 lines before passing this form out to your colleagues

Colleague Information

Last Name _____

First Name _____

Education Level

(check highest degree awarded)

High School Bachelor Master

Gender

(check one)

F M

Ethnicity

(check one)

African-American Asian-American Caucasian Hispanic Native American Other

Teaching Level

(check the one that most closely applies)

Elementary
(Pre-K - 5)

Middle School
(6 - 8)

High School
(9 - 12)

Other (Please Specify): _____

Teaching Certification

(check the one that most closely applies)

Traditional Alternative Not Certified

This is my _____ Year of Classroom Teaching

School District _____

Campus _____

Campus Address _____

County _____

Campus Phone

City _____

Zip _____

Area Code _____

Phone Number _____

Preferred email address (please print): _____

Campus Poverty Level

(check one)

Title I low-income percentage

Low
(<35%)

Medium
(35-50%)

High
(51-75%)

Very High
(>75%)

Number of Students in my classes for 2003-2004 School Year _____

The campus where I teach is a _____ school (check one)

Private

Charter

Public

Alternative

Yellow (___ of 5)

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