

Business Partnership Resource Assessment



Business /Organization _____

Mailing Address _____ Zip _____

Phone _____ Fax _____ CEO _____

Person Completing this Form _____ Position _____

Description of Business or Organization _____

Please indicate the resources which your business or organization could provide to a school and/or district program, through a partnership arrangement.

- Provide technical assistance or services (Area) _____
- Volunteer as a consultant in the area of _____
- Encourage employees to work with students as volunteer mentors or tutors
- Provide speaker(s) to a class (on careers, arts & crafts, science demonstrations, travel, etc.);
Topics(s) _____
- Offer field trips of your facility; indicate preferred grade level(s) _____
- Participate in Career Day or Job Fair activities
- Participate on a School Advisory Council
- Offer seminars for students, teachers, staff, parents, etc. Topic(s) _____
- Provide display space for student work
- Host meetings or special events
- Sponsor incentive or recognition programs for students and/or teachers
- Allow short-term career shadowing opportunity for students or teachers
- Equipment or materials donation
- Volunteer to read to young children
- Judge science fairs, social studies fairs, speech contests, etc.
- Sponsor an extracurricular club for students; Type _____
- Provide financial support to classroom/ department/ special projects
- Serve as a mentor to help discouraged students
- Other; please specify _____

*Thank you for your interest in becoming a **Partner in Education!***

Signature _____ Date _____

Please return this form to: