

WalkSmart/BikeSmart Vermont!

Participation Record

Submit this form in fall and spring within two weeks of implementation of classroom instruction (*WalkSmart*-fall, *BikeSmart*-spring). Upon receipt of spring participation record a \$100 stipend to enhance Pedestrian and Safety activities in your classroom/s or school will be issued to your school by Center for Health and Learning.

Pedestrian and Bicycle Safety Educator: _____

Phone #: _____ Email: _____

Relationship to School: _____

School Name and Address: _____

Date form is submitted: _____

Please do one entry for each lesson taught.

Date taught					
School name					
Teacher name	(If different than above)				
Grade taught					
Lesson taught	Check one:	WalkSmart	<input type="checkbox"/>	BikeSmart	<input type="checkbox"/>
# minutes est.					
# students					

Date taught					
School name					
Teacher name	(If different than above)				
Grade taught					
Lesson taught	Check one:	WalkSmart	<input type="checkbox"/>	BikeSmart	<input type="checkbox"/>
# minutes est.					
# students					

Date taught					
School name					
Teacher name	(If different than above)				
Grade taught					
Lesson taught	Check one:	WalkSmart	<input type="checkbox"/>	BikeSmart	<input type="checkbox"/>
# minutes est.					
# students					

Date taught					
School name					
Teacher name	(If different than above)				
Grade taught					
Lesson taught	Check one:	WalkSmart	<input type="checkbox"/>	BikeSmart	<input type="checkbox"/>
# minutes est.					
# students					

Please return to: Center for Health and Learning
 28 Vernon St. Suite 319
 Brattleboro, VT 05301

Info@healthandlearning.org
 (802) 254-6590 tel
 (802) 254-5816 fax