

WalkSmart / BikeSmart Vermont!

Participation Record

Submit this form in the fall (*WalkSmart*) and spring (*BikeSmart*) within 2 weeks of implementation of classroom instruction.

Safety Educator: _____

Relationship to School: _____

Phone #: _____ Email: _____

School Name and Address _____

Date form is submitted: _____

Please do one entry for each lesson taught. Make as many copies of this form as needed.

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

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(802) 254-6590 tel
(802) 254-5816 fax