



Virtual Healthcare Interactive Project Site Application

School Name:

Contact Person:

Title:

Mailing Address:

Phone #:

Email Address:

EDNET SITE INFORMATION

Site Information

Name of Ednet Site:

Address:

Name of Ednet Facilitator:

Email Address:

Phone #:

Approval received for use on 2/13/12 for VHI event?

Ednet Facilitator will be onsite/present for the 2/13/12 event?

Site Accommodation

Total number of students you plan to involve in the event:

Number of chairs in the Ednet room:

Number of tables in the Ednet room:

Number of microphones in Ednet room:

Ednet Equipment Usage

The Ednet equipment at this site is used?

Daily

Weekly

Monthly

Hardly ever

Equipment Quality

The Ednet equipment works?

Well

With some difficulties

Bad condition

SCHOOL INFORMATION

Daily Class Schedule:

Block Schedule

Trimester

7/8 period day

School Demographics:

Rural

Urban

Total enrollment at school:

CURRICULUM INFORMATION

List the health science courses taught at your school:

Explain how this project will benefit your students:

How will this project be integrated into your curriculum?

How will the pre- and post-event requirements (curriculum, activities, and site visit) be accomplished at your site? (These requirements are NOT optional – you must find a way to provide these events and activities to your students.)

PARTNERING

If you are partnering with other schools in your area, please list those schools:

SIGNATURES

Contact signature:
Date:

Ednet Facilitator signature:
Date:

CTE Director signature:
Date:

Principal signature:
Date: