

## WORKERS WE KNOW FORM

Please return this form to school:

Parent(s) Name: \_\_\_\_\_

Parent(s) Home Phone: \_\_\_\_\_ Parent(s) Business Phone: \_\_\_\_\_

Parent(s) Profession: \_\_\_\_\_

- Yes       No      Are you willing to be listed in the *insert your school name here* directory with the names, phone numbers, and professions of other parents? Directories would only be available for school staff.
- Yes       No      Are you willing to be contacted by school staff to be a guest speaker?
- Yes       No      Would you be willing to share your expertise with other schools?
- Yes       No      Could you bring visual aids (tools, equipment, pictures, videos, pamphlets, etc.) for your presentation?
- Yes       No      Would your business or company be interested in helping in our School-to-Careers program? (Presentations, tutors, job shadowing opportunities, student internships, teacher internships, financial support, etc.)
- Yes       No      Does your business or company allow student field studies?

**Questions or comments:**

**Thank you for your help and support!**

*Teacher Name*  
*School Name*  
*School Address*  
*City, State, Zip Code*  
*School Phone Number*