

# KidStart Disability Awareness Interest Form



Name of Director/Teacher: \_\_\_\_\_

Name of Preschool/School Program: \_\_\_\_\_

Address of facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Students in the classroom: \_\_\_\_\_

Timeframe preference (circle one):

Morning (10a-11:30a)      Afternoon (1p-2:30p)      Evening (3p-4:30p)      Other: \_\_\_\_\_

Timeframe for completion of activities (circle one):

Less than 30 mins      30 minutes      1-hour      Full session (Around 90 mins)

Is your facility ADA compliant/accessible? \_\_\_\_\_

Is there parking available for a van with a lift? \_\_\_\_\_

I am hoping the students learn about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a specific topic or disability you would like discussed during your session:

\_\_\_\_\_  
\_\_\_\_\_

List any allergies in your classroom we need to be aware of:

\_\_\_\_\_

I would like Pony Bird to supply me with handouts about Disability Awareness/Inclusion for:

- ☐ Students
- ☐ Parents
- ☐ Teachers
- ☐ Therapists