



# Preschool / Kindergarten Resource Request Form

Program coordinator name(s): \_\_\_\_\_

Program coordinator email: \_\_\_\_\_

Program coordinator phone number: \_\_\_\_\_

School name: \_\_\_\_\_

City: \_\_\_\_\_

Type of presentation requested:      Digital Resource Packet                      Pre-recorded Video

Number of links being requested:      Digital Resource Packet \_\_\_\_\_      Pre-recorded Video \_\_\_\_\_

Age / Grade Level: \_\_\_\_\_

Number of sections per grade: \_\_\_\_\_      Number of students per section: \_\_\_\_\_

If requested, preferred week for use of video: \_\_\_\_\_

Would you like to schedule a zoom with your classroom?      Yes                      No

(IE Q&A, show off successes, meet a community resource, etc.)

If requested, preferred month and day(s) of week for zoom: \_\_\_\_\_

**\*\* By requesting this FREE resource, I agree to provide a brief review of at least 3 activities used with students.  
If activities are not utilized; I agree to provide a brief review of why activities were not a good fit.**

**\*\* I agree**

Additional Information: \_\_\_\_\_

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

Please email form to Theresa Greinig – [theresa@swancc.org](mailto:theresa@swancc.org)