University of Virginia Neuroscience Graduate Program

## Brain Awareness Program 2017 Teacher Participation Form

Winter and Spring 2017

• Forms accepted through May 19th 2017. Email or Fax back to The Neuroscience Graduate Program at (703) 995-4494 or nab4g@virginia.edu.

All requests are subject to availability of NGP students, faculty and post-doctorates. We will do everything

Possible to fulfill all requests.

You may or may not find it beneficial to coordinate with your colleagues and combine your classrooms.

Please fill out a different form for each 'talk' or visit request.

First name	Mea	Last name	Franco
School name	Meriwether Lew	School address	1410 DWENSVILLE
Phone number	(434) 293-9304		1410 Dwensville Ro mfranco@k12a1b
Best time to contact you	1:30-2:20 or after 2:45	Best way to contact you	email
Will you combining classes?	no	If yes, how many classes in one session?	
Total number of students in session.	14-17   5855	ion x 4 sessions	
Age Range of Students	5-6	Grade Range of Students	K
Do you want real brains brought to your classroom?			
Topics of interest		senses, comparing human/animal	
Topics to avoid		drugs, diseases	
If you would like to request that the same volunteer to visit with you again this year, please provide his/her name here.			
Special Notes/Comments		We would like to sotate 4 groups, it	
	EST DAYS AND TIMES TO		
B	Γ	T	T
DATE	DAY	TIME OPTION #1	TIME OPTION #2
3 3	triday	We would	like to rotate
3/10	Friday	14 Classes thro	ugh the session
3124	Friday	7 (30 min), f	resenter would sta
3)31	Friday	In one toom	is thildren would
4114	Friday		: 10 am - 10: 20 am
4/21	Friday	1 Sessions wa	ld run:
	,	810-840	6100p Z
		910- 920 SI	neck break