

Great American Teach-In



Join us!

Nov. 16 in Pinellas County

Sign up today!

To register for the 2016 Duke Energy Great American Teach-In, please contact your local school by Nov. 9, 2016.

Please plan to join us. The kids will love you for it!



Return the registration form by Nov. 9, 2015, to any Pinellas County school or mail to:

Dr. Valerie Brimm
Pinellas County Schools
301 Fourth St. SW
P.O. Box 2942
Largo, FL 33779-2942

You may also register online at www.pcsb.org/gatiregistration.

If you'd like more information, please contact the Teach-In coordinator at any Pinellas County school.

www.duke-energy.com

You have the power to enrich a child's life – in as little as an hour.

The Duke Energy Great American Teach-In is part of Pinellas County Schools' annual American Education Week celebration. Sponsored by our company since 1994, it's a special opportunity for you to visit the public school of your choice and share what you know with a new generation.

This year's event is scheduled for Wednesday, Nov. 16, 2016. Opportunities are available from 7:00 a.m. to 6:00 p.m. You may choose to stay for an hour or for the whole day! The amount of time you volunteer is determined strictly by what your schedule permits and what the teacher wants to accomplish.

Whatever the length of your visit, you can make a difference. Thousands of previous Teach-In participants have discovered the experience is truly rewarding.

Teach-In tips:

- Plan for 20-35 students per classroom.
- Consider wearing attire appropriate to the occupation, hobby or topic you plan to discuss.
- Keep the students' average attention span in mind: 10-20 minutes for elementary grades and 20-45 minutes for secondary grades.
- When you arrive at the school, please check in at the office to pick up your nametag. Someone will greet you and accompany or direct you to your classroom.
- If you plan to bring printed or audiovisual materials, please check with the teacher or school Teach-In coordinator in advance.
- Do not ask students for personal information, including their telephone numbers or addresses.

Registration Form

NAME: _____

PHONE (DAY): _____ PHONE (NIGHT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHOICE OF SCHOOL (OPTIONAL): _____

SUBJECT MATTER: _____ GRADE PREFERENCE: _____

LENGTH OF STAY: 1-2 HRS 3-4 HRS ALL DAY TIME OF DAY TO ATTEND: _____

EQUIPMENT NEEDED: _____

EMAIL ADDRESS: _____