



Ready To Learn.

**BLUE RIDGE
PUBLIC TELEVISION**

Please take a few minutes to complete this form so that we can continue to provide you with information and materials in the future.

Today's Date: ____/____/____

Your Name: _____

Your Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: () _____

Evening Phone Number: () _____

I attended this workshop as a (Please check one):

- Parent or Other Family Member
- Child Care Provider (Home or Center-based)
- Preschool Educator
- K-3 Educator
- Head Start/Even Start Professional
- Librarian
- Other: _____

With how many children, age 8 or younger, will you use this information on a regular basis? _____

- ❖ Do any of these children have disabilities? Yes No
- ❖ Are any of these children 2, 3, 4 or 5 years of age? Yes No
- ❖ Do any of these children live in a rural area ("in the country")? Yes No
- ❖ What languages are spoken in the home(s) of these children? _____

Thank you!