



CLASS PROFILE

School Name: _____

Teacher Name: _____

Email Address: _____

Phone: _____

Preferred contact method (Choose one):

Email

Phone Call

Text Message

Grade Level: _____

(if more than one, put the grade of the class the team will be partnered with)

Total Number of Students: _____

Known Student Allergies: _____

Student Languages Spoken: _____

Do any students require language translation? YES or NO

Favorite Class Snacks: _____

Favorite Class Activities: _____

Additional Information My Team Should Know: _____

Please have a list of students who cannot be photographed on hand during mentor team visits.