TechXcite
Data Collections Coversheet Spring 2010
(Due June 30, 2010)

TechXcite Site Facilitator:
Contact Person: _____________________________ Date: ______________
Contact E-Mail Address: _____________________________
Contact Phone Number: _____________________________
County: _____________________________
Site and Location: _____________________________
Instructor Name 1: _____________________________
Instructor Name 2: _____________________________
Instructor Name 3: _____________________________
Number of Participating Students: _____
Number of Students with Consent Forms: _____

Please check what has been included in this packet or completed online.
Online:        Hardcopy:
              □ or □ Instructor Training Survey(s) [for those not trained at official Duke Training]
              □ or □ Instructor Consent Forms [for those not trained at official Duke Trainings]
              □ or □ Bionic Arm: Instructor End of Module Survey (1 per Instructor)
              □ or □ Solar Oven: Instructor End of Module Surveys (1 per Instructor)
              □ or □ Instructor Post-Participation

THANK YOU FOR YOUR CONTINUED PARTICIPATION AND SUPPORT!!

PLEASE BE SURE TO INCLUDE THIS 1 PAGE COVERSHEET WITH THE SET OF DATA FOR EACH AFTERSCHOOL SITE/LOCATION WHEN YOU RETURN IT.