

## PROGRAM DEMOGRAPHICS

Program Name: \_\_\_\_\_

Program Staff: \_\_\_\_\_

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Location/Site: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Total Participants: \_\_\_\_\_

### **PARTICIPANT CHARACTERISTICS** (as requested by United Way of Central Alabama):

Please list the **number** for each participant next to those that apply. Total below must match the total number of participants above.

<b>Gender</b>	<b>Ethnicity</b>	<b>Grade</b>
Female _____	American Indian or Alaska Native _____	Pre-K _____
Male _____	Asian _____	K _____
Transgender _____	Black or African American _____	1 <sup>st</sup> _____
Other _____	Hispanic _____	2 <sup>nd</sup> _____
	Native Hawaiian/Pacific Islander _____	3 <sup>rd</sup> _____
	White _____	4 <sup>th</sup> _____
	Other Race _____	5 <sup>th</sup> _____
	Unavailable _____	6 <sup>th</sup> _____
		7 <sup>th</sup> _____
		8 <sup>th</sup> _____
		9 <sup>th</sup> _____
		10 <sup>th</sup> _____
		11 <sup>th</sup> _____
		12 <sup>th</sup> _____
		Adults _____

\_\_\_\_\_  
Signature of BridgeWays Representative

\_\_\_\_\_  
Signature of School/Organization Representative