



LEADERSHIP PROGRAM

SCHOOL INTACT FORM



PLEASE COMPLETE ALL FIELDS TO ENSURE WE CREATE THE BEST PROGRAM FOR YOUR SCHOOL OR ORGANIZATION.

SCHOOL INFORMATION

School Name:

Address:

City, State, Zip Code:

School District:

Principal's name:

Email:

Phone number:

Primary contact for leadership program:

Name:

Position/title:

Email:

Phone number:

PROGRAM PARTICIPATION

Grade levels interested in participating (select all that apply).

9TH GRADE

10TH GRADE

11TH GRADE

12TH GRADE

Estimated number of students interested in participating: _____

PREFERRED PROGRAM FORMAT

- IN-SCHOOL WORKSHOPS
- AFTER-SCHOOL SESSIONS
- HYBRID (COMBINATION OF IN-SCHOOL AND AFTER-SCHOOL)
- VIRTUAL SESSIONS

PREFERRED DAYS AND TIMES FOR PROGRAM SESSIONS:

DAYS:

TIMES:

KEY FOCUS AREAS FOR LEADERSHIP DEVELOPMENT (SELECT TOP 3 PRIORITIES):

- COMMUNICATION SKILLS
- STEM EDUCATION
- ENTREPRENEURSHIP
- COLLEGE AND CAREER READINESS
- EMOTIONAL INTELLIGENCE AND RESILIENCE
- COMMUNITY SERVICE AND CIVIC ENGAGEMENT
- FINANCIAL LITERACY
- OTHER: _____

PROGRAM LOGISTICS

Available facilities for program sessions:

- CLASSROOM
- AUDITORIUM
- LIBRARY
- COMPUTER LAB
- OTHER: _____

TECHNOLOGY AVAILABILITY:

- WI-FI ACCESS
- PROJECTOR/SMARTBOARD
- COMPUTERS/TABLETS
- OTHER: _____

SUPPORT REQUIRED FROM THE SCHOOL (SELECT ALL THAT APPLY):

- PROGRAM COORDINATION WITH SCHOOL STAFF
- STUDENT RECRUITMENT AND REGISTRATION
- COMMUNICATION TO PARENTS AND GUARDIANS
- SPACE AND FACILITIES FOR PROGRAM DELIVERY
- TECHNOLOGY SUPPORT
- OTHER: _____

ADDITIONAL INFORMATION

Special considerations or requests for the program:

Are there any community or business partners you recommend for collaboration?

- YES (PLEASE LIST): _____
- NO

SCHOOL'S MISSION AND VISION STATEMENT (OPTIONAL):

ANY OTHER COMMENTS OR SUGGESTIONS:

SCHOOL REPRESENTATIVE'S SIGNATURE:

DATE: _____

PLEASE RETURN THIS FORM TO: hello@fearlesstransformers.com, our program lead will reach out to you within 2-4 business days.