



Teacher Information Form

First Name: _____ **Last Name:** _____

Gender: _____ **Ethnicity:** _____

Years experience in Special Education: _____ **Which grades?** _____

Years experience in Regular Education: _____ **Which grades?** _____

Degree(s)/Certification(s) and year(s) obtained: _____

School Name: _____

School Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School Phone Number: (____) _____ **School Fax:** (____) _____

Social Security Number (to process stipend check): _____

Home Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: (____) _____ **Cel Phone:** (____) _____

Primary email address: _____ **E-mail #2:** _____

Please rank (1-4) the preferred method of contacting you:

(1 = most preferred, 4 = least preferred)

E-mail _____ **Work Phone** _____ **Home Phone** _____ **Cel Phone** _____

Best time to phone: _____

Please complete the above form by April 7, 2006. Return or fax (541-346-5689) to:

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