



Iowa NASP Annual Participation Report Form- Teacher
*This form is to be filled out for each school teaching NASP to their students.
 NASP Nationals is requiring this information from the state on an annual basis.
 2016/2017 School year*

School Name: _____ Person filling out the report: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____

<u>BAI Instructor</u>	<u>Email</u>	<u>Grade</u>	<u># of students</u>	<u># of male</u>	<u># of female</u>

Total # of Students Participating: _____ **Average # of hours your students do NASP Archery:** _____

Example you can put total hours a student participated or you could put: "2 hours a week for 9 weeks" or "1 hour a day for 2 weeks" etc depending on your situation/schedule.

MEASURABLE OUTCOMES

Attendance during the IowaNASP unit (please check one) Increased Stayed the same Decreased

Behavior Problems during the IowaNASP unit (please check one) Increased Stayed the same Decreased

BRIEF NARRATIVE

Please include your feedback/reactions as well as student feedback/reactions:

Photographs and student quotes are welcome but not required.

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Due: May 15th, 2017