

Agricultural Educator Demographic Form

Name: _____ Title: _____
(Mr./Ms./Mrs./Dr.) First Middle Last

Home Address: _____

Home City: _____ Home State: _____ Home Zip: _____

Work Place: _____
(Name of School/University/State Agency/Organization/Business)

Work Place Address: _____

Work City: _____ Work State: _____ Work Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail Address: _____

(please provide a main email contact address and any additional email where you can be reached)

Please answer all the questions by placing an "X" in the box or boxes that apply to you or by filling in the blank provided.

<p>What is your <u>principle</u> employment?</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Middle School Ag Teacher</p> <p><input type="checkbox"/> Secondary School Ag Teacher</p> <p><input type="checkbox"/> Postsecondary 2-Year Ag Teacher</p> <p><input type="checkbox"/> Full-time Young Farmer or Adult Instructor</p> <p><input type="checkbox"/> University Faculty and/or Teacher Educator</p> <p><input type="checkbox"/> State Ag Ed Staff (includes FFA Exec. Secretary)</p> <p><input type="checkbox"/> Retired Ag Educator</p> <p><input type="checkbox"/> Other, please specify _____</p>	<p>Years of teaching experience: _____</p> <p>Sex: Male <input type="checkbox"/>; Female; <input type="checkbox"/></p> <p>Race/Ethnicity: White <input type="checkbox"/>; African American <input type="checkbox"/>; Hispanic <input type="checkbox"/>; American Indian <input type="checkbox"/>; Asian <input type="checkbox"/>; Other please specify: _____</p> <p>Age Cohort: 20-29 <input type="checkbox"/>; 30-39 <input type="checkbox"/>; 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/>; 60-69 <input type="checkbox"/>; 70 or over <input type="checkbox"/></p>	
<p>If you are an ag teacher, please <u>check</u> all of the content areas you teach.</p>		
<p><input type="checkbox"/> agribusiness (marketing, management, sales, etc.)</p> <p><input type="checkbox"/> agricultural mechanics</p> <p><input type="checkbox"/> aquaculture</p> <p><input type="checkbox"/> entrepreneurship</p> <p><input type="checkbox"/> equine science</p> <p><input type="checkbox"/> food science</p> <p><input type="checkbox"/> general ag ed (Ag I, II, III, IV, etc.)</p> <p><input type="checkbox"/> landscape design</p> <p><input type="checkbox"/> natural resources</p> <p><input type="checkbox"/> production ag (diversified)</p> <p><input type="checkbox"/> science (general biology, chemistry, etc.)</p> <p><input type="checkbox"/> wildlife management</p>	<p><input type="checkbox"/> agriscience</p> <p><input type="checkbox"/> animal science</p> <p><input type="checkbox"/> agribiology</p> <p><input type="checkbox"/> environmental science</p> <p><input type="checkbox"/> farm management</p> <p><input type="checkbox"/> forestry</p> <p><input type="checkbox"/> horticulture/floriculture/greenhouse management</p> <p><input type="checkbox"/> intro ag ed/exploratory ag</p> <p><input type="checkbox"/> plant sciences</p> <p><input type="checkbox"/> SAE Supervision (scheduled time)/co-op education)</p> <p><input type="checkbox"/> vet science</p> <p><input type="checkbox"/> other, please specify _____</p>	<p><input type="checkbox"/> CASE AFNR</p> <p><input type="checkbox"/> CASE Animal</p> <p><input type="checkbox"/> CASE Plants</p> <p><input type="checkbox"/> CASE Biotech</p> <p><input type="checkbox"/> CASE _____</p> <p><input type="checkbox"/> CASE _____</p>

Please return this form to the designated representative in your state, or to:



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 Lexington, KY 40546
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 Fax: (859) 323-3919
 E-mail: naae@uky.edu



Web Site: <http://www.naae.org>

Thank you for your time and attention to this data collection

