

## 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.*

<p>What is your principle 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 check all of the content areas you teach.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> agribusiness (marketing, management, sales, etc.)  <input type="checkbox"/> agricultural mechanics  <input type="checkbox"/> aquaculture  <input type="checkbox"/> entrepreneurship  <input type="checkbox"/> equine science  <input type="checkbox"/> food science  <input type="checkbox"/> general ag ed (Ag I, II, III, IV, etc.)  <input type="checkbox"/> landscape design  <input type="checkbox"/> natural resources  <input type="checkbox"/> production ag (diversified)  <input type="checkbox"/> science (general biology, chemistry, etc.)  <input type="checkbox"/> wildlife management                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> agriscience  <input type="checkbox"/> animal science  <input type="checkbox"/> agribiology  <input type="checkbox"/> environmental science  <input type="checkbox"/> farm management  <input type="checkbox"/> forestry  <input type="checkbox"/> vet science  <input type="checkbox"/> intro ag ed/exploratory ag  <input type="checkbox"/> plant sciences  <input type="checkbox"/> SAE Supervision (scheduled time)/co-op  <input type="checkbox"/> hort/floriculture/greenhouse management  <input type="checkbox"/> other, please specify _____                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASE AFNR  <input type="checkbox"/> CASE Animal  <input type="checkbox"/> CASE Plants  <input type="checkbox"/> CASE Biotech  <input type="checkbox"/> CASE Agribusiness  <input type="checkbox"/> CASE _____  <input type="checkbox"/> CASE _____  <input type="checkbox"/> CASE _____                 </td> </tr> </table>		<input type="checkbox"/> agribusiness (marketing, management, sales, etc.) <input type="checkbox"/> agricultural mechanics <input type="checkbox"/> aquaculture <input type="checkbox"/> entrepreneurship <input type="checkbox"/> equine science <input type="checkbox"/> food science <input type="checkbox"/> general ag ed (Ag I, II, III, IV, etc.) <input type="checkbox"/> landscape design <input type="checkbox"/> natural resources <input type="checkbox"/> production ag (diversified) <input type="checkbox"/> science (general biology, chemistry, etc.) <input type="checkbox"/> wildlife management	<input type="checkbox"/> agriscience <input type="checkbox"/> animal science <input type="checkbox"/> agribiology <input type="checkbox"/> environmental science <input type="checkbox"/> farm management <input type="checkbox"/> forestry <input type="checkbox"/> vet science <input type="checkbox"/> intro ag ed/exploratory ag <input type="checkbox"/> plant sciences <input type="checkbox"/> SAE Supervision (scheduled time)/co-op <input type="checkbox"/> hort/floriculture/greenhouse management <input type="checkbox"/> other, please specify _____	<input type="checkbox"/> CASE AFNR <input type="checkbox"/> CASE Animal <input type="checkbox"/> CASE Plants <input type="checkbox"/> CASE Biotech <input type="checkbox"/> CASE Agribusiness <input type="checkbox"/> CASE _____ <input type="checkbox"/> CASE _____ <input type="checkbox"/> CASE _____
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Please return this form to the designated representative in your state, or to:



NAAE, Inc.  
 300 Garrigus Building  
 Lexington, KY 40546  
 Voice: (859) 257-2224 or (800) 509-0204  
 Fax: (859) 323-3919  
 E-mail: [naae@uky.edu](mailto:naae@uky.edu)



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

Thank you for your time and attention to this data collection