Region IV / ETL Consortium
Creform Follow-up

Project Name: __________________________ Date at Creform: ________

Project Contact Person: __________________________ County: __________

School: __________________________ Phone: __________________________

1. Is this device currently being used? Yes No
   If yes, proceed to questions 2-4.
   If no, proceed to question 5.

2. What is the device being used for?

3. What changes (if any) were made to the device since the Creform session?

4. Please attach a photograph (not a Polaroid) of students and/or staff using the
device. If students are in photo, please attach a completed photo release form.

5. Why is device not currently being used?
   When will it be operational? Does it need additional parts or modification?

Return this form by (date) __________
To your county representative ________________________________
__________________________________________________________

Note to county representatives: Please forward forms and photographs to ETL.
09/00