

# Program Information Form

Agency Name
Contact Person
Telephone Number (Include Area code) (       )

**Directions**

1. Please complete this report and return to Tom Orsini, NYSED, Education Bldg., 89 Washington Avenue, Room 307 EB, Albany, NY 12234
2. Report class information about State Education Dep't funded classes only.
3. Please keep this office informed of any changes by submitting a revised report.

Teacher's Name	Class	Dates Classes Begin and End	LOCATION	CLASS INFORMATION			
			Site Name and Address	Course Title	Meeting Days	Hours Start/End	Number of Students
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						

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Teacher's Name	Class	Dates Classes Begin and End	LOCATION	CLASS INFORMATION			
			Site Name and Address	Course Title	Meeting Days	Hours Start/End	Number of Students
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						