

## 2024 State FFA Officer - Pre-Chapter Visit Information

*Thank you for taking the time to fill this out. This helps to make my service to your chapter more effective. I am looking forward to working with you this year!*

*I will be contacting you one week before and the day before your visit to confirm all details.*

School: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

\_\_\_\_\_ Full Day Visit      \_\_\_\_\_ Part Day Visit      Circle: AM or PM

Advisor Completing Form: \_\_\_\_\_

Is it ok for me to contact you at home or by cell phone if I cannot reach you at school?

\_\_\_\_\_ **Yes**, it's ok      \_\_\_\_\_ **No**, I would prefer if you would not call me at home or on my cell phone.

Best time to reach you: \_\_\_\_\_

Advisor Cell Phone Number: \_\_\_\_\_

Advisor Home Phone Number: \_\_\_\_\_

School Street Address for my GPS: \_\_\_\_\_

What door should I enter when I arrive at your school? \_\_\_\_\_

Where will I park my vehicle? \_\_\_\_\_

May I meet with your chapter officers?      YES      NO

What time would we meet?

What classes/grade levels will I present to? **Please provide a class schedule including class times, number of students and name of class. If needed you can include this on a separate page.**

Are there any specific areas/topics you would like for me to cover?

What type of presentation(s) would you like?

\_\_\_\_\_ Regular Classroom/Workshop Presentation \_\_\_\_\_ Assembly for FFA members only

\_\_\_\_\_ Assembly for all Ag Education Students \_\_\_\_\_ All-School Assembly

\_\_\_\_\_ Meeting with chapter officer team

Please circle - Before school    After school    Lunch    Class Period

\_\_\_\_\_ Other – Please describe what type of presentation you would like:

What school security guidelines will I need to follow when visiting your school?

Do you have any students enrolled in more than one class? If so, how many times will I need to make adjustments in my presentation for these students?

Do you have any special needs students that I need to be aware of so that they can also participate in my presentations?

What are your class and SAE requirements to be an FFA member in your chapter?

Do you have students with any food allergies or latex allergies that I need to be aware of?

Are there any additional people you would like me to visit with? Please circle.

Superintendent    Principal    Counselor    Alumni    Media    Other (please specify)

Will you be providing lunch for me at your school?    Yes    No

If No.....what would you recommend for a lunch break?

### **Chapter FFA Banquet Information**

Would you like me to attend your FFA banquet? \_\_\_\_\_ Yes \_\_\_\_\_ No, thank you.

Time and Date of Banquet: \_\_\_\_\_

### **Other Information**

Are there any additional events you would like for me to attend?

(meetings, fun activities, workshops, parent's night, etc.) Please list with the date below.

