

Name E-Mail Address State in which you work

Years in the profession (check one response) 0-5 6-10 11-20 21+

Which Task Force you are interested in?

Professional discipline area (check all that apply)

<input type="checkbox"/> Administration	<input type="checkbox"/> Research
<input type="checkbox"/> Physical Activity	<input type="checkbox"/> School Health Education
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Teacher Preparation

Work setting (check all that apply)

<input type="checkbox"/> Student	<input type="checkbox"/> Secondary School
<input type="checkbox"/> Pre-School	<input type="checkbox"/> College/University
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Other <input type="text"/>

Previous experience, honors and recognition (check all that apply)

Teacher of the Year (Indicate level of recognition): School State District National

National Board Certification PEP Grant

NASPE STARs School Other

Previous committee/project level experience (check all that apply)

<input type="checkbox"/> School	<input type="checkbox"/> District AHPERD
<input type="checkbox"/> Community/School District	<input type="checkbox"/> AAHPERD
<input type="checkbox"/> State AHPERD	

Specific area(s) of expertise and skills (check all that apply)

<input type="checkbox"/> Adapted PE/PA	<input type="checkbox"/> Dance	<input type="checkbox"/> Curriculum Development
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Social Justice	<input type="checkbox"/> Instructional Practice
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Teacher Evaluation	<input type="checkbox"/> Instructional Technology
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Student Assessment	<input type="checkbox"/> Substance Abuse Prevention
<input type="checkbox"/> Coaching	<input type="checkbox"/> Fitness/Wellness	<input type="checkbox"/> Outdoor Education
<input type="checkbox"/> Research	<input type="checkbox"/> Exercise Science	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Reproductive Health	<input type="checkbox"/> Others <input type="text"/>	

How would you like to participate in the development of SHAPE America programs, products and services? (check all that apply)

- Participant (use SHAPE America resources to improve my teaching)
- Respondent (review online materials, suggest needs & projects)
- Short term committees (i.e. Convention Review Committee)
- Short term ad hoc projects (i.e. updating position statements)
- Ongoing high level commitment (> 1 year—councils & large projects)