www.ohioprojectmore.org/forms/

Demographic Data Form

Fax to Amy Freeman at end of school year: 419.523.6126

School District:_____ Number of Mentors _____

School Name: _____ **Coordinator:**_____

student name/id last name, first name	birthdate m/d/yy	gender male=1 female=2	grade grade current year	race cauc=1 hisp=2 native amer=3 african amer=4 asia amer=5 other=6	other race if other, list	title 1 1= no 2= Prim. 3= Sec.	iep yes=1 no=2	disability no disb=1 sld=2 cd=3 ed=4 md=5 sli=6 vi=7 autism=8 ohi=9 oi=10 other=11	other disability if other, list	date entered Project MORE m-yy	exited Project MORE yes=1 no=2	'if yes date	if yes, reason moved=1 met exit crit.=2 gr. no longer serv.=3 behavior=4 pulled out by parent=5 no mentor=6 other=7	DIBELS ORF **at Reading Level** Scores Fall	DIBELS ORF **at Reading Level** Scores Winter	DIBELS ORF **at Reading Level** Scores Spring	**answer at end of school year** days absent as of the end of school	**answer at end of school year** total # mentoring sessions

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