

# Partner-In-Education Interest Form



Organization Name:

Address:

Partnership Point of Contact Name:

Title:

Suffolk Public School Graduate? Yes

No

School:

Address:

Phone:

Website:

Email:

**Classification:** For Profit    Non-Profit    Government    Female Owned    Minority Owned  
Veteran Owned    Small Business (<250 employees)    Micro Business (<25 employees)

**Organization Type:** Arts    Building/Construction    Education    Environment  
Faith    Finance    Food Service/Restaurant    Government    Healthcare/Fitness  
Hospitality    Law/Legal    Marketing/Communications    Military    Museum  
PTA    Retail    Service Organization    Technology

**Preferred School Level:** Elementary    Middle    High

**Specific Grade Level(s):**

## ***\*Important Information to Complete Below!***

### **Areas of Wellness (check all that apply):**

Each partnership is categorized by one or more areas of wellness. Review these descriptions as you determine which area(s) of wellness best represent your proposed partnership.

**Emotional:** Coping effectively with life and creating satisfying relationships

**Environmental:** Good health by occupying pleasant stimulating environments that support well-being

**Financial:** Satisfaction with current and future financial situations

**Intellectual:** Recognizing creative abilities and finding ways to expand knowledge and skills

**Mindful:** Expanding our sense of purpose and meaning in life

**Occupational:** Personal satisfaction and enrichment derived from one's work

**Physical:** Recognizing the need for physical activity, sleep, diet and nutrition

**Social:** Developing a sense of connection, belonging and a well-developed support system

### **List your proposed partnerships activities:**

- 1)
- 2)
- 3)

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**\*Please email this completed form to [communityengagement@spsk12.net](mailto:communityengagement@spsk12.net). The information submitted on this form will be shared with the Partner in Education Liaison for your requested Partner in Education school site.**

To be completed by the Partner in Education. Check all that apply:

I/We are interested in the following partnership activities:

Academic Focus of Partnership:

Arts activities  
Athletic events  
Business/ organization-based site visits or field trips  
Classroom volunteers  
Community service projects  
Computer/technical assistance  
Cultural enrichment  
Curriculum support  
Guest speakers  
Incentive programs  
Job shadowing, internships or externships  
Literacy support  
Mentoring  
Office support  
Resources  
Scholarships  
School beautification/site improvement  
School clubs/activities  
Service on School Committees  
Special events/projects  
Staff support  
Tutoring  
Workplace tours  
Workshops  
Other:

Art  
Business Education  
Career Education  
Computer Science/Technology  
Dance  
Drama  
Engineering  
English as a Second Language (ESL)  
Financial Literacy  
Foreign Language  
Health and Human Services  
Health/Physical Education  
History  
Industrial Cooperative  
Language Arts/English  
Marketing Education  
Mathematics  
Military-Connected Support Programs  
Music  
Science  
Social Studies  
Special Education  
Sustainability  
STEM Robotics  
Other:

Name of Desired School:

Form completed by:

Date: