



## NEW LINKS TO NEW LEARNING RESERVATION FORM FOR VIDEOCONFERENCES

**Please print this form, fill it out and FAX it to Rebecca Polityka at 314-872-9128.**

Name of videoconference program you are requesting:

\_\_\_\_\_

Date of program: \_\_\_\_\_ Time of program: \_\_\_\_\_

Alternate date: \_\_\_\_\_ Alternate time: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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

Teacher's Phone #: \_\_\_\_\_ Teacher's Email: \_\_\_\_\_

Technical Contact at School: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone in videoconference room: \_\_\_\_\_ Grade level of students: \_\_\_\_\_

Subject (if above elementary): \_\_\_\_\_ #of classes participating: \_\_\_\_\_  
# of students: \_\_\_\_\_

IP address of codec (vc unit) \_\_\_\_\_ OR ISDN# \_\_\_\_\_

What is the educational goal of your participation in the program? (lesson objectives)

What specific points/issues/facts do you want covered in this presentation?

What would you like your students to see visually in the presentation?

What supporting material would you like, if any?

Will this presentation be used to introduce, continue, or conclude your study of this topic?