



Presentation Planning Sheet

Organization _____

Contact Name _____ **Phone** _____

Email _____ **2nd Phone** _____

Address _____

City, State, Zip Code _____ **Parish** _____

Directions _____

Type of Presentation

- | | | |
|--|---|--|
| <input type="checkbox"/> Pre-K / Head Start | <input type="checkbox"/> K-8 Students | <input type="checkbox"/> General High School |
| <input type="checkbox"/> All Drivers Education | <input type="checkbox"/> School Bus Drivers | <input type="checkbox"/> Professional Drivers – Truckers |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> General Firefighters | <input type="checkbox"/> Professional Drivers – Commercial Buses |
| <input type="checkbox"/> Misc. General Adult | | |

Presentation Day/Date _____

Presentation Time(s) _____ (Allow 10-15 minutes between presentations)

Recommended Times for Schools: K-Grade 1 (20 min), Grades 2-3 (30 min), Grades 4-8 (45 min), Grades 9-12 (class period)

Number Attending _____

Interpreter Needed? Hearing Impaired Visually Impaired Foreign Language

Seating Arrangements Auditorium Classroom Library
 Conference Room Cafeteria Gymnasium Restaurant
 Other _____

AudioVisual Materials (P=Provided, NP=Not Provided)

Computer PowerPoint Projector VCR/DVD Player TV Monitor
 Screen Podium Microphone Extension Cord/Surge Protector

Presentation Materials Charts/Bag Easel
 PowerPoint Visuals Flash Drive (USB drive) Laser Pointer

Video(s) _____

Brochure(s) _____

Giveaways

Coloring Book Key Ring Bookmark Ruler Ruler
 Activity Book Pencil Ink Pen Litter/Drawstring Bag
 Lapel Pin Other _____