

**Region IV / ETL Consortium
Creform Follow-up**

Project Name: _____ **Date at Creform:** _____
Project Contact Person: _____ **County:** _____
School: _____ **Phone:** _____

1. Is this device currently being used? **Yes** **No**
 If yes, proceed to questions 2-4.
 If no, proceed to question 5.

2. What is the device being used for?

3. What changes (if any) were made to the device since the Creform session?

4. Please attach a photograph (not a Polaroid) of students and/or staff using the device. If students are in photo, please attach a completed photo release form.

**5. Why is device not currently being used?
When will it be operational? Does it need additional parts or modification?**

Return this form by (date) _____

To your county representative _____

Note to county representatives: Please forward forms and photographs to ETL.
09/00