Mississippi Educators Rising Classroom Visit Request Form

Please complete the form below to request a classroom visit from Mississippi Educators Rising State Advisor. Return this form via email to **kusry@mdek12.org**.

School/Chapter Name: _____

Teacher/Advisor Name: _____

Preferred Visitation Dates (Please list 3 options in order of preference):

1. _____

2. _____

3. _____

Requested Time Frame (e.g., 9:00 AM – 11:00 AM): _____

Estimated Number of Participants: _____

Class Level:

- ☐ 1st Year Students
- ☐ 2nd Year Students
- ☐ Mixed

Check all that apply:

- ☐ Educators Rising Recruitment Presentation
- ☐ Competitive Events
- ☐ Other:

Will the classroom have:

- ☐ Projector
- ☐ Screen
- ☐ Speakers

Additional Notes:

_____

_____

_____