

TODAY's DATE: _____



WHO® STATISTICS SHEET 2018 - 2019

Please fill out this information, as part of reporting to our funders

Your Name & Position: _____ Tel No: _____

District Name: _____

School Name/Organization: _____

Address: _____ City: _____ ZIP: _____

E-MAIL: _____

Actual numbers or best estimate for (please circle): **July-Dec (FALL) or Jan-June (SPRING)**

GRADES	Number of PRESENTATIONS	Number of CHILDREN
P-K		
K-2		
3-4		
5-6		
7-9		
10-12		
OVERALL TOTALS		



Our FAX # (214) 954-0611
Or e-mail to
SJoseph@mhadallas.org
214-871-2420 Ext. 119

Please add or attach your stories or testimonials from children who have seen our program and successfully used our WHO® Program safety rules. Please add your comments about your experience with presenting the WHO® Program.