

NETWORKING

If you are a **current member of MEGT** and are willing to be listed on our website and share your expertise, please complete the form below and mail to: **Kelly Fahrni, 701 Maple Avenue West, Mora, MN 55051**

Name: _____ School District: _____

Phone Number: _____(W)_____ (H)

E-Mail: _____ Grades Served: _____

_____ Gifted Coordinator _____ Classroom Teacher _____ Other: _____

Credentials:

Background Experience:

Please indicate your areas of expertise below:

"P" for Presenter

"C" for Contact Person

_____ Academic Challenges: (please list)

_____ Acceleration

_____ Affective Needs

_____ AP, Pre AP, IB

_____ Brain Based Learning

_____ Certificate Program for G/T Teachers

_____ Classroom Resources:

(topics)

_____ Clustering

_____ Consultation

_____ Credit for Learning

_____ Creative/Critical Thinking

_____ Credit for Learning

_____ Differentiation

_____ Diverse Population (check all)

_____ Gifted Boys

_____ Gifted Girls

_____ Gifted Learning Disabled

_____ Levels of Giftedness

_____ Rural Populations

_____ Underachievement

_____ Young Gifted

_____ Early Entrance

_____ Funding

_____ Identification

_____ Mentorships

_____ Parent Support

_____ Post Secondary Planning

_____ Perfectionism

_____ Program Design

_____ Research

_____ Technology

_____ Other: (please explain) _____