



EPISCenter IYS DINA Curriculum Annual Teacher Survey

(Complete this form for each classroom that you teach DINA)

Name: _____

Address: _____

Phone number: _____ Email: _____

Please circle the IYS DINA curriculum you are currently implementing:

Year 1 Curriculum

Preschool Curriculum

1. How many DINA lessons did you complete this year? _____
2. Number of students who began the school year in your classroom: _____
3. Number of students who began the school year in your classroom and also ended the school year in your classroom: _____

Revised October 2010



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