

Elkhart County Health Department, Health Education Division 608 Oakland Ave, Elkhart, IN 46516-2116 **Date:** _____
 ATTN: Lisa Kane **Phone:** 574-523-2116 **Email:** lboyce@elkhartcounty.com **Fax:** 574-523-2158

School Name: _____ **Phone:** _____ **Address:** _____

Teacher: _____ **Coordinator:** _____

Please indicate program(s) needed for each grade. We want to work with your schedules so, please attach a list of dates and times when programs CAN take place. **E-mail:** _____

Thank you!

Program Title	Grade(s)	Length	Grade(s)	# of sessions requested	# of students per session
<i>Healthy Heart</i>	K	30 minutes			
<i>Healthy Heart - Exercise</i>	Grade 1	30 minutes			
<i>Healthy Heart - Nutrition</i>	Grade 2	35 minutes			
<i>To Smoke or Not To Smoke...There Is No Question!</i>	Grades 5 - 12 (Smoking)	60-90 minutes			
<i>Pedestrian / Wheel Safety April- May</i>	K – Grade 1 Grades 2 – 3	30 minutes			
<i>Home Alone (March)</i>	Grade 3	30 minutes			
<i>HIV/AIDS/Immune System</i>	Grades 5-12	45 minutes			
<i>Stress Management</i>	Grades 5-12	45 minutes			
<i>Personal Hygiene</i>	Grades 4-12	45 minutes			
<i>Puberty/Growth & Development</i>	Grades 4-12	45 minutes			
<i>Bloodborne Pathogens</i>	Grades 5-6 School Personnel	45 minutes			
<i>Relationships: Positive or Negative</i>	Grades 5-12	45 minutes			
REQUESTS ARE DUE TO THE ECHD: JANUARY 21, 2011					
Revised 12/10/2010					

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