



CAMS ADOPT A SCHOOL PROJECT FINAL DATA COLLECTION 2006-7

Your name: _____

Street: _____

Email: _____

City, ZIP: _____

Phone #: _____

Relationship to school: Parent Student Staff Other: _____

SCHOOL INFORMATION

School's name: _____ District: _____

Year-around Traditional Name of Principal: _____

Please check the manifestations of military recruitment at your school this past year

Direct Recruitment on campus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
In classrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
In the guidance office or Career Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Military equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Sports Events/PE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Other I _____

ASVAB (ARMED SERVICES VOCATIONAL APTITUDE BATTERY)

Was the ASVAB given this past year at the school? Yes No Don't know

Do students know that it is a voluntary test? Yes No Don't know

How often do military recruiters come to your school?
 Never Daily Weekly Monthly Annually Don't know

Comments: _____

JROTC (JUNIOR RESERVE OFFICER TRAINING CORPS)

Is there a JROTC at your school? Yes No Don't know

What happens if the students want to leave the JROTC program?

- Must get a note from parent Unable to leave for lack of options
 Must get a note from counselor
 Must get permission from JROTC instructor Don't know

Comments: _____

ADOPT A SCHOOL ACTIONS

Please check the Adopt A School actions taken this past year:

Leafletting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Career Fair Alternatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tabling at School Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Classroom Presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Addicted to War	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Club Actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School policy restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other ways _____		

Were you able to display the CAMS brochure stand and poster? Yes No Don't know

If Yes, where? Cafeteria Hallways Class rooms Counseling office

Other location: _____

Comments: _____

How would you rate the Adopt A School Process:

Positive Effect Little Effect No Effect Negative Effect Don't know

Comments: _____

Did you get the support and help needed from us? Yes No Not sure

Were Expectations and the Process Clear? Yes No Not Sure

What did you learn from this Project? _____

What suggestions do you have for improvements next year?

THANK YOU VERY MUCH! |

Please return to: CAMS, P.O. Box 3012, South Pasadena, CA 91030, 626-799-9118