



## Challenger Learning Center of Greater Rochester Student Profile

*Please complete and turn in at your mission.*

Mission Date:	Mission Time:
School District:	Building:
Teacher Name:	
Total # of Chaperones / Teachers:	Grade:

### Student Information:

Please indicate total number of students in each of the following groups:

Total # of Students:	Male:	Female:
African American:	Asian:	Hispanic:
Native American:	Caucasian:	Other:

### Disability Information:

Please indicate total number of students in each of the following groups:

Hearing:	Visual:	Physical:	Learning:	Other:
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Please include your email address:

09/02 This form is for statistical purposes only. This information is used to assure that the Challenger Learning Center is meeting the needs of a diverse community.