

Florida PTA Reflections Form A

Keep a copy for your records. Submit this form with your entries according to your next level rules.

PTA Name: _____ **County:** _____
National PTA ID: _____ **Phone #** _____
Reflections Chair: _____ **Email Address:** _____
School Name: _____ **City:** _____ **Zip:** _____

Student Participation

1. CHECK ALL GRADE DIVISIONS AND ART CATEGORIES OFFERED BY YOUR SCHOOL/COUNTY COUNCIL

GRADE DIVISION <input type="checkbox"/> PRIMARY (K-2) <input type="checkbox"/> HIGH SCHOOL (9-12) <input type="checkbox"/> INTERMEDIATE (3-5) <input type="checkbox"/> SPECIAL ARTIST (ALL GRADES) <input type="checkbox"/> MIDDLE SCHOOL (6-8)	ARTS CATEGORY <input type="checkbox"/> DANCE CHOREOGRAPHY <input type="checkbox"/> MUSIC COMPOSITION <input type="checkbox"/> FILM PRODUCTION <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> LITERATURE <input type="checkbox"/> VISUAL ARTS
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2. HOW MANY STUDENTS PARTICIPATED IN EACH GRADE DIVISION AND ARTS CATEGORY?

	Dance Choreography	Film Production	Literature	Music Composition	Photography	Visual Arts	Grade Division Total
Primary							
Intermediate							
Middle School							
High School							
Special Artist							
Category Arts Area Total							

TOTAL NUMBER OF PARTICIPATING STUDENTS _____

Please use this data to report your program success online at PTA.org/Reflections.