

ASPIRE Inquiry Form

Organization/School Name: _____ School District (if applicable): _____

Organization's Website: _____

Point of Contact: (First Name) _____ (Last Name) _____

Title: _____

Email: _____

Phone: _____

City: _____ State: _____ County: _____ ZIP Code: _____

How do you plan to implement ASPIRE? (select all that apply)

- Incorporate into existing class/curriculum (i.e. health, science, technology)
- Include as an alternative to suspension
- Include for an open period (homeroom, study hall, etc.)
- Other: _____

Grade levels to implement ASPIRE: (select all that apply)

- 6
- 7
- 8
- 9
- 10
- 11
- 12

Please provide an estimate for the number of students who will participate in ASPIRE: _____

Requested Services (select all that apply):

- Schedule an ASPIRE information call
- Enroll a school/organization in ASPIRE
 - Level of Implementation (school or district): _____
 - If district level, please list the number of schools that will participate: _____
- Request a presentation on the harms of tobacco and vaping products (Houston only)
- Schedule an instructional webinar for educators currently using ASPIRE
- Extend an invitation to participate in a health fair
- Other: _____

Once completed, please submit this form to ASPIRE@mdanderson.org and an ASPIRE team member will contact you within 1-2 business days.

Have you checked out our website? Visit mdanderson.org/aspire to learn more

ASPIRE™



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THE UNIVERSITY OF TEXAS
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