



# 2017 Teacher in the Workplace Program

## Business Host Interest Form

**Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Please provide brief responses to the following:

1) Please list what areas of business operations your organization could provide to a teacher over the course of a one week immersion experience:

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2) What teaching licensure area would most benefit from an immersion experience in your business (Science teacher, math, industrial tech, any academic subject, etc.)

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3) What is your primary learning objective for a teacher after a week in your business? What do you want most for a teacher to learn from the experience?

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4) What do you need most from the Winona Chamber to make hosting Teacher in the Workplace work for you your business?

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Questions? Contact Winona Area Chamber of Commerce at 507-452-2272  
or email to [infor@winonachamber.com](mailto:infor@winonachamber.com)