



Involvement Request

Schools are invited to participate in a portion or all components of the SE MN Beacon program.
Participating in one project does not bind a school to participating in other initiatives.

If your school is interested please provide the following information:

School Name _____ District _____
Phone _____ E-mail _____
Address 1 _____ Address 2 _____
City _____ County _____ State _____ Zip _____
Contact Person _____ Position _____

We are requesting participation in the following initiatives:

SE Minnesota Beacon Program

- Project updates

Asthma Educational Materials/Resources

- General Asthma educational resources
- Asthma education for students in grade(s) _____

Asthma Action Plan (AAP) Materials/Resources

- Creating a customized asthma management plan for students
- Asthma management plan implementation
- Input into technology solutions for AAP sharing & communications

In-Service Training

- Asthma in-service training for school staff

Technology Resources

Funding incentives will be offered to those who would like to participate.

- Serve as an alpha/beta site for new technologies

Other: _____

For more information about the SE MN Beacon Program, visit www.semnbeacon.org.

Once complete, please return this form via mail, fax or e-mail to:

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