



## Miami-Dade County Public Schools Division of Advanced Academic Programs

### Advanced Placement (AP) Program Survey School Year 20\_\_ - 20\_\_

*Please print or type all information*

Date: \_\_\_\_\_

School: \_\_\_\_\_ Location#: \_\_\_\_\_

Principal: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

Assistant Principal for Curriculum: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AP Program Contact Person/Coordinator: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name (Last, First)	Employee #	E-mail Address	Years of Experience Teaching AP			Current Teaching Assignment and # of Sections	College Board Reader
			1-3	4-6	6+		

**Completed Survey should be faxed to 305 995-7690. No cover page is necessary.**

\_\_\_\_\_  
Principal/Designee's Signature

\_\_\_\_\_  
(Print) Name of person completing this form