

# Abstract Form

This section must be completed in order for program submission to be processed.

## What:

A. Grade Levels: (check all that apply)

- |                                    |                                    |                                     |                                  |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| Elementary                         | Middle School                      | High School                         | Higher Education                 |
| <input type="checkbox"/> Pre-K – 5 | <input type="checkbox"/> 6th – 8th | <input type="checkbox"/> 9th – 12th | <input type="checkbox"/> College |

B. List the learning objectives and, if applicable, the TEKs addressed in this presentation.

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## Why:

A. List student and/or attendee outcomes shared in this presentation.

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## How:

A. If applicable, share the evidence based practices used:

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B. How does the presentation contribute to the overall Mission statement of TAPERD and "Promoting Healthy Lifestyles?"

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C. Assessment Tools (provide examples if possible):

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As a presenter I have read and understand my responsibilities as outlined in these guidelines and agree to abide by these guidelines in my presentation.

Signature

Date