

Dear Friend:

Thank you for your interest in having a COUNT ME IN Elementary puppet presentation at your school. **Enclosed is a request form that must be returned to PACER before we can schedule a program. Please include directions to your site from the nearest main highway, as well as information on where to park and enter the building.**

**COUNT ME IN** is a project of PACER, a national training and information center for families of children and youth with special health needs and all disabilities. COUNT ME IN features multi-cultural child-size puppets with disabilities. The program features four scripts: blindness, deafness, cerebral palsy, and Down syndrome. (ADHD, autism or Tourette syndrome may also be options). The puppets are operated by volunteer puppeteers. The program helps to dispel fears, myths and misconceptions about people with disabilities, and promotes a message of inclusion.

**Audience:** The **COUNT ME IN Elementary** show is appropriate for students in first through fourth grades. To allow students to interact with the puppets, **audience size should not exceed 100 students for grades 2-4 or 80 first graders.** (For children ages 4-6, a shorter version of the show is also available.)

**Cost and Scheduling:** The presentation is about one hour long, including a 50 minute puppet skit and 10 minutes for questions. **The cost is \$100 per presentation. Up to three presentations can be scheduled in a day** with a one-hour break. Puppet shows are presented in schools between mid-September and the end of May. Request forms are filed by month requested; then the school is contacted 4-6 weeks in advance to confirm date, time and number of shows. A written confirmation is mailed 2-3 weeks prior to the show date.

**Site:** The site for the COUNT ME IN presentation can be a quiet gymnasium, auditorium or classroom large enough to accommodate the students seated on the floor. **We must have access to the room 30 minutes in advance to set up our equipment. Please provide chairs for 3 puppeteers and all adults viewing the show.**

**Evaluation and Follow-Up:** Adults attending the presentation will be asked to complete an evaluation form to help us refine the program and better meet student needs. Students receive a letter of explanation to take home to their families. COUNT ME IN provides each school with *Disability Awareness: A Guidebook for Families and Educators* for every show that is ordered. This manual includes information on disabilities, resources, and suggestions for follow-up activities. Each teacher will also be given some additional material, which includes a sign language alphabet, a Braille alphabet, and a copy of the COUNT ME IN song. Additional copies of the guidebook may be purchased from PACER for \$15.00 plus tax.

If you would like further information, please contact PACER Center at (952) 838-9000 and ask for COUNT ME IN. Thank you for encouraging disability awareness in your community!

Sincerely,

PACER's Puppet Program Coordinators

**COUNT ME IN PUPPET SHOW ON DISABILITY AWARENESS**  
**Metro Area Elementary Grades 1-4 Request for Presentation**

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SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAIN OFFICE PHONE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PERFORMANCES:**      **1) Maximum of 100 students each program (80 each program for 1<sup>st</sup> grade)**  
                                 **2) Maximum of three (3) programs can be presented in one day.**

**COST:** \$100.00 for one program.    **SEND BILL TO:** \_\_\_\_\_

Number of programs requested: \_\_\_\_\_ Grade level(s) \_\_\_\_\_

Number students attending each program: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Number of teachers/aides/adults: \_\_\_\_\_ Site/room in school for presentation: \_\_\_\_\_

**DIRECTIONS** from nearest major highway to site

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION FOR PARKING:** \_\_\_\_\_

**SPECIFY DOOR TO ENTER:** \_\_\_\_\_

Do you prefer a particular month? \_\_\_\_\_

Dates during selected month that are **not** available? \_\_\_\_\_

Weekdays/times are that are preferred? \_\_\_\_\_

What time does your school begin? \_\_\_\_\_ Lunchtime(s) \_\_\_\_\_ School Ends? \_\_\_\_\_

Reason for requesting this program \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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Informational letters in English are provided for the students to take home following the program presentation. Please check if you would also like an **original for copying** in any of the following languages:

Hmong \_\_\_

Somali \_\_\_

Spanish \_\_\_

**PLEASE RETURN TO:**

PACER Center, Inc., COUNT ME IN, 8161, Normandale Blvd., Minneapolis,  
MN 55437-1044; 952- 838-9000 Voice; **Fax: 952 -838-0199**; 952-838-0190 TTY