



Dear Applicant,

Thank you for your commitment to implementing sun safety education in the classroom. North Dakota children are susceptible to sun damage year round and making sun protection a habit is the only way to prevent long term, cancer causing damage.

If you are selected to receive the activity bag you will be asked to:

1. Complete an evaluation form (provided) to give feedback about the activity
2. Share your activity bag with other teachers in your school who will be responsible for their own evaluation form
3. Provide an end of the year summary of the activities you used including which were the most successful and feedback about the usefulness of the supplies.

The following items will be provided in the activity bag:

1. 1 Binder with sun protection activity instructions/coloring pages for copying. (Master Copies)
2. 2 ultraviolet flashlights
3. Color changing ultraviolet beads (reusable)
4. 30 Sun meter cards (reusable)
5. Set of Sun Safety laminated flash cards
6. 30 packets of individual sunscreen
7. Color changing arm bands (individual)

You are encouraged to use the materials to develop activities that fit within your classroom setting and to be used in the time that you have available. All activities are designed to take no longer than 1 class period of 45 minutes, most are 20 minutes or less. You can use the activities as described or develop your own. These are designed to be implemented year round.

Suggested uses:

1. Outdoor activity to combine physical activity and sun safety
2. Hands on sensory play
3. Activities for substitute teachers to use
4. Health education
5. Science education

We look forward to the successful implementation and use of these and hope that by developing these activities and providing the materials that the integration into the school day will be both helpful and simple!

**We ask that you please complete the following information about you and e-mail this document to [jlpastir@nd.gov](mailto:jlpastir@nd.gov) by May 13, 2016.**



**Please print or type information**

**Return this page via email or mail by 5 pm May 13, 2016.**

Please complete this application to the best of your knowledge.

### **Demographic**

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ City \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Classroom Use**

**Please describe your approximate number of students and your interest in teach safe outdoor play/sun safety:**

### **IMPORTANT:**

**By the signature below, I hereby acknowledge that should I be selected to receive an activity bag, that I will be required to submit an evaluation of the activities as they are done with my student. I acknowledge that this can be shared with other teachers in my school. I acknowledge that the copyrighted materials are eligible for copying and printing for single classrooms to use at one time and are not for mass printing and sharing outside of the school.**

**Agreed to by:**

An "X" in the box below serves as the electronic signature of the individual completing application and attests to the accuracy of the information given above. **Electronic Signature** \_\_\_\_

**Completed By:** \_\_\_\_\_

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

Janna Pastir, Program Director  
North Dakota Comprehensive Cancer Control  
Division of Cancer Prevention and Control  
Community Health Section  
600 E. Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200 email [jjpastir@nd.gov](mailto:jjpastir@nd.gov)