



National PTA® Reflections

District PTA Participation Form



Please send this form with your flash drive by January 15, 2017. Each entry has to be saved in file format name as follows: **State Specific Instructions:**

Name each file: <STATE>.<DIVISION>.<CATEGORY>.<LAST NAME>.<FIRST NAME>

Example: NY.MID.PHOTOGRAPHY.SMITH.JOHN

DISTRICT PTA NAME _____ NATIONAL 8-DIGIT ID # _____

PTA LEADER NAME _____ EMAIL _____ PHONE _____

Collect Participation Forms from the previous round of PTAs and add up participation totals for the five questions below.

1. TOTAL NUMBER OF LOCAL PTAs PARTICIPATING IN REFLECTIONS: _____

2. HOW MANY LOCAL PTA STUDENTS (BY DIVISION & CATEGORY) PARTICIPATED IN YOUR DISTRICT?

	Dance Choreography	Film Production	Literature	Music Composition	Photography	Visual Arts	Division Sub Total
Primary							
Intermediate							
Middle School							
High School							
Special Artist							
Arts Category Sub Total							

3. TOTAL NUMBER OF LOCAL PTA STUDENT PARTICIPANTS FROM YOUR COUNCIL _____

4. HOW MANY ENTRIES (BY DIVISION & CATEGORY) DID YOUR DISTRICT ADVANCE TO THE NEXT ROUND OF JUDGING?

	Dance Choreography	Film Production	Literature	Music Composition	Photography	Visual Arts	Division Sub Total
Primary							
Intermediate							
Middle School							
High School							
Special Artist							
Arts Category Sub Total							

5. TOTAL NUMBER OF ENTRIES ADVANCED: _____