

2025-26 State FFA Officer - Pre-Chapter Visit Information

Thank you for taking the time to fill this out. This helps to make my service to your chapter more effective. I am looking forward to working with you this year!

I will be contacting you one week before and the day before your visit to confirm all details.

School: _____

Date of Visit: _____ Arrival Time: _____

_____ Full Day Visit _____ Part Day Visit Circle: AM or PM

Advisor Completing Form: _____

Is it ok for me to contact you at home or by cell phone if I cannot reach you at school?

_____ **Yes**, it's ok _____ **No**, I would prefer if you would not call me at home or on my cell phone.

Best time to reach you: _____

Advisor Cell Phone Number: _____

Advisor Home Phone Number: _____

School Street Address for my GPS: _____

What door should I enter when I arrive at your school? _____

Where will I park my vehicle? _____

May I meet with your chapter officers? YES NO

What time would we meet?

What classes/grade levels will I present to? **Please provide a class schedule including class times, number of students and name of class. If needed you can include this on a separate page.**

Are there any specific areas/topics you would like for me to cover?

What type of presentation(s) would you like?

_____ Regular Classroom/Workshop Presentation _____ Assembly for FFA members only
_____ Assembly for all Ag Education Students _____ All-School Assembly
_____ Meeting with chapter officer team
Please circle - Before school After school Lunch Class Period

_____ Other – Please describe what type of presentation you would like:

What school security guidelines will I need to follow when visiting your school?

Do you have any students enrolled in more than one class? If so, how many times will I need to make adjustments in my presentation for these students?

Do you have any special needs students that I need to be aware of so that they can also participate in my presentations?

What are your class and SAE requirements to be an FFA member in your chapter?

Do you have students with any food allergies or latex allergies that I need to be aware of?

Are there any additional people you would like me to visit with? Please circle.

Superintendent Principal Counselor Alumni Media Other (please specify)

Will you be providing lunch for me at your school? Yes No
If No.....what would you recommend for a lunch break?

Chapter FFA Banquet Information

Would you like me to attend your FFA banquet? _____ Yes _____ No, thank you.

Time and Date of Banquet: _____

Other Information

Are there any additional events you would like for me to attend?
(meetings, fun activities, workshops, parent's night, etc.) Please list with the date below.