

## 2012 - Holocaust Teacher Training Pre-Training Questionnaire

Letný tréningový program o výučbe holokaustu  
pre učiteľov stredných a druhého stupňa základných škôl v USA  
júl/ august 2012

### Pre-Training Questionnaire [Summer 2012 AHO Teacher-Training Program]

Ms.

Mr.

Name /First, Last/:

Date of Birth:

Home Address /City, Zip Code, Country/:

Home Phone:

Work Address /City, Zip Code, Country/:

Work Phone:                      Fax:

Your e-mail address:

What is the best way to contact you?

Please answer the following questions:

1. What is your current position?
2. If you teach, what subjects do you teach and what grade levels do you teach?
3. Do you teach about the Holocaust?
4. If you do not currently teach about the Holocaust, are you committed to teaching about the Holocaust in the future? Do you have the support of the head of your school to teach the Holocaust in your classroom?
5. Have you had any formal training in the subject of the Holocaust? If so, what kind of training have you had? If not, please indicate what background, if any, you have in the subject.
6. Are there any specific questions or issues that you would like to have addressed in the teacher-training course?