

TEACHER APPLICATION

PERSONAL INFORMATION

Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone () _____
School or Organization _____
District _____
Work Address _____
City _____ State _____ Zip _____
Work County _____
Work Phone () _____ Fax () _____
E-mail _____
Grade _____
Subject _____
Number of years teaching experience _____

ADMINISTRATIVE SUPPORT

Administrator support leads to more successful partnerships. Please have the appropriate administrator certify support for your participation in Project ASTRO by completing and signing.

*I support the the participation of _____
in Project ASTRO. (print teacher name)*

This support includes a day off for the workshop, planning time and allowing visits to the school by the volunteer astronomer.

Principal or Administrator's Signature:

Name _____

Title _____

Date _____ Phone () _____

Address _____

City _____ Zip _____

TEACHER BACKGROUND

- Describe your formal education.
 - Rate your knowledge of astronomy (1=low, 5 = high)
1 2 3 4 5
 - Describe professional activities, curriculum development, in-service activities, collaborative projects, experience with volunteers, etc.
 - Why do you want to participate in Project ASTRO?
 - How will you include astronomy in your program in this year?
 - How many classes and students would the astronomer visit?
(we encourage focusing on no more than 2)
 - Do you have time to plan with your astronomer by phone, and before or after class?
 - Describe how you will incorporate the visiting astronomer into your program.
 - How did you hear about Project ASTRO?
 - If through a Project ASTRO partner, please give name.
- Your Signature** _____

Date _____