

## **Teacher Application Form**

## Thank you for your interest in Project ASTRO WCU.

For more information contact Dr. Karen Schwarz kschwarz@wcupa.edu; (610) 436-2788

**SCHOOL INFORMATION** 

## Project ASTRO WCU teacher selection will be based on:

- Commitment to attend our training workshop at West Chester University.
- Interest in hands-on science and commitment to teach astronomy during the school year (experience in astronomy is NOT necessary).
- Support from school or district administrator, or Executive Director to participate in the project.
- The availability of a volunteer astronomer in the teacher's area.

## **Important Note:**

PERSONAL INFORMATION

Partnerships work best when astronomers work with a limited number of students. This allows students to develop a personal relationship with "their astronomer", and places less of a burden on astronomers who take time off from work to participate in Project ASTRO WCU. For this reason, please DO NOT INVOLVE MORE THAN TWO self-contained elementary classrooms (2 teachers), TWO middle/high school science class periods (1-2 teachers), or ONE science club. During the workshop we will give you ideas about how to involve more students.

Name	Sc	hool Name		
Address	Di	strict		
City State Zip				
Phone	Ci	ty	State	e Zip
Your may participate alone or with another (s.	ame grade) teach	er at vour scho	ool. When applying	as a team. each
person must complete a separate application		•		,
I am applying as part of a teacher team. My teach	her partner is:			
TEACHER BACKGROUND				
1. Formal education background				
Undergraduate Institution	Degree	Year	Major	
Graduate Institution	Degree	Year	Major	
Years of teaching experience Grades & Su	bjects you will teac	n next year		
2. Describe or list your teaching/youth leading e curriculum development, in-service activities, coll				
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3. List any other science, astronomy, or space activities in which you are involved (include amateur clubs).				
4. How would you rate your current knowledge of astronomy on a scale of 1-5, (1 being very limited and 5 being very extensive)? (Please note experience is not a requirement)  5. Have you included astronomy in your lessons before? (If yes, please describe).				
6. How might you include astronomy in your curriculum or lesson plans in the 2009-2010 school year? (Please indicate if you will implement astronomy as a unit, integrated during the year, both or other).				
7. Describe how you might incorporate the astronomer into your program.				
8. Do you have flexibility to teach astronomy at any time of the year? (If no, please explain)				
9. How many classes and students would the astronomer visit? (Maximum is two classes of 30 students!)				
11. How did you hear about Project ASTRO WCU?				
Your SignatureDate				

ADMINISTRATIVE SUPPORT					
Administrator support is key to a more successful teacher/astronomer partnership. Please have the appropriate administrator in your school and/or district certify support for your participation in Project ASTRO WCU by completing and signing below.					
I will support and encourage the participation ofthat a local astronomer will be visiting our school.		(applicant's name) and I understand			
Use of a phone, E-mail, Fax, copying machine as necessary for teachers to prepare for Project ASTRO WCU.					
Additional support (please describe below); particularly encouraged are field trips, use of school grounds for star parties, etc.					
Name	Title	Phone			
Signature					