



Teacher Application Form

PROJECT ASTRO WCU
IS PARTLY FUNDED BY



PENNSYLVANIA SPACE
GRANT CONSORTIUM

Thank you for your interest in
Project ASTRO WCU.

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

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:

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.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

SCHOOL INFORMATION

School Name _____

District _____

Address _____

City _____ State ____ Zip _____

Your may participate alone or with another (same grade) teacher at your school. When applying as a team, each person must complete a separate application. Please send both applications together.

I am applying as part of a teacher team. My teacher partner is: _____

TEACHER BACKGROUND

1. Formal education background

Undergraduate Institution _____ Degree _____ Year _____ Major _____

Graduate Institution _____ Degree _____ Year _____ Major _____

Years of teaching experience ____ Grades & Subjects you will teach next year _____

2. Describe or list your teaching/youth leading experiences. Note professional activities, certificates, licenses, seminars, curriculum development, in-service activities, collaborative projects, experiences with volunteers etc. (please give dates).

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? (Please note experience is not a requirement)

Very Limited.....1.....2.....3.....4.....5.....Very Extensive

5. Have you included astronomy in your lessons before? ☐ Yes ☐ No If Yes, please describe:

6. How might you include astronomy in your curriculum or lesson plans in the 2009-2010 school year?

☐ As a unit ☐ Integrated during the year ☐ Both ☐ Other, please describe:

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? ☐ Yes ☐ No, 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 Signature _____ Date _____

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 of _____ (applicant's name) and I understand that a local astronomer will be visiting our school.

☐ 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 _____ Date _____