



PROJECT
ASTRO

PROJECT ASTRO 2013-14 EDUCATOR APPLICATION - please return by Oct 18, 2014

Please mail, fax, or scan and email to: Dr. P. Blanco (Project ASTRO), SDSU Astronomy, San Diego, CA 92182-1221. Fax: (619) 594-1413. Email: pblanco@mail.sdsu.edu. You will be notified if we can find a volunteer for your classroom, in which case you may both attend the Project ASTRO training workshop: R. H. Fleet Science Center, 2014 Saturday Nov 1. Participating educators and astronomers are expected to attend at least one workshop per year, and arrange at least 4 classroom visits with their astronomer partner. **For more information see our website: <http://mintaka.sdsu.edu/projectastro>**

Personal Information

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

E-mail _____

Ethnicity (optional) _____

School/Organization Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Best time to contact you _____

How did you hear about Project ASTRO? _____

SCHOOL/ORGANIZATION DEMOGRAPHICS

School type (please check all that apply):

☐public ☐private ☐parochial ☐rural ☐suburban ☐urban ☐youth group

Educator Background and Interests ~ Help us make a good match!

Please briefly describe your educational background, including any science-related studies.

Relevant teaching experiences (please include professional development activities, curriculum development, in-service activities, and collaborative projects):

Grades and subjects you will be teaching next year: _____

_____ Years of teaching experience _____

Have you had experience with classroom volunteers? ☐ yes ☐ no If yes, please explain:

Astronomy-related Experience

Have you taught astronomy before? ☐ yes ☐ no
If so, for how long? _____

Please list any other astronomy or science activities in which you are involved.

When during the year do you plan to teach astronomy (approximate months)?

How would you rate your current knowledge of astronomy? (Please circle):

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

Working with Project ASTRO

Why are you interested in working with Project ASTRO?

How will you include astronomy in your curriculum in the next school year?

☐ as a unit ☐ integrated during the year

☐ both ☐ other _____

Do you have flexibility to teach astronomy at any time during the year? ☐ yes ☐ no

If no, please explain: _____

SIGNATURES – You may email this form without signatures and bring a signed copy to the workshop

Astronomers and teachers are required to commit to at least 4 classroom visits per academic year. By signing this form, I certify that the above statements are true, and that I am able and willing to accommodate such visits during the academic year.

Signature _____ Date _____

Administrator support leads to more successful partnerships. If possible, please have the appropriate administrator in your school or district, or Executive Director, certify support for your participation in Project ASTRO by completing and signing below.

ADMINISTRATOR SUPPORT (if required)

☐ I will support the participation of (applicant) _____
in Project ASTRO, and understand that a local astronomer will be visiting our school/organization.

☐ Our school/organization will contribute \$ _____ (\$35 recommended) from staff development funds to cover registration and materials for the 1-day workshop. ***Note: No-one will be excluded because of lack of funds. Please contact us if your organization cannot cover this materials fee.**

If your school/organization is able to contribute funds to the program, please make the check payable to "SDSU Campanile Foundation (Project ASTRO)", and submit with this application or bring it to the training workshop. Thank you.

Administrator Name (print) _____ Position _____

Signature _____ Date _____

Phone () _____ Email: _____