Could you use an astronomer/space scientist for your classroom?

Want to learn more about “hands-on/minds-on” activities in astronomy?

Become a partner with Project ASTRO San Diego!

Please post or pass on!
Personal Information
Name _____________________________
Address ____________________________
City ________________________________
State ______  Zip ________________
Home Phone _______________________
E-mail ____________________________

School/Organization Information
Name ______________________________
Address ____________________________
City ________________________________
State ______  Zip ________________
Phone ______________________________
Fax ________________________________

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:
____________________________________________________________________________

OVER ----
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

How did you hear about Project ASTRO? ____________________________________________

Working with Project ASTRO

Why are you interested in working with Project ASTRO?

__________________________________________________________________________

__________________________________________________________________________

How will you include astronomy in your curriculum in 2007-2008?

□ as a unit □ integrated during the year

□ both □ other _______________________

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

How did you hear about Project ASTRO? ____________________________________________

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 2008-2009 academic year.

Signature ____________________________________________ Date ___________________

Administrator support leads to more successful partnerships. 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 $ _____ ($45 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.

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

Signature _____________________________ Date______________ Phone ( ) ______________

Name (print) ________________________________ Title __________________________________

Address _______________________________ City ___________________ Zip ____________________