2009-10 Project ASTRO Educator Application

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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!
**PROJECT ASTRO 2009-2010 EDUCATOR APPLICATION - please return by July 15, 2009**

Please mail or fax to: Dr. P. Blanco (Project ASTRO), SDSU Astronomy, San Diego, CA 92182-1221. Fax: (619) 594-1413. 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, Saturday Aug 15. Participating teachers and astronomers are required to attend at least one workshop per year, and arrange at least 4 classroom visits with their astronomer partner.

**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 __________ | | | |

**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 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

If no, please explain: _______________________

______________________________________

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. 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 $ _____ ($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 ________________