



Fax to (415) 337-5205 or send to Project ASTRO™ Applications,
ASP, 390 Ashton Ave., San Francisco, CA 94112
The 2010 Project ASTRO™ training workshop will take place August 6-7, 2010
(Friday and Saturday)
Participating teachers and astronomers are required to attend.

Teacher Application - return by June 11, 2010

Personal Information

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
E-mail _____

School/Organization Information

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
E-mail _____

Ethnicity (optional) _____

Best way to contact you: home email work email home phone work phone other

SCHOOL DEMOGRAPHICS (you must complete this section to be eligible)
School type: public private after-school rural suburban urban
Estimated percentage of students who will be in your class who are:
____ receiving free lunch ____ minority members ____ females
Describe the type and amount of science resources available at your school:

Teacher Background ~ *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 _____

What language(s) do you speak? _____

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 astronomy knowledge?
Limited.....1.....2.....3.....4.....5...6....Extensive

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

How did you hear about Project ASTRO™? _____

I agree to attend the August two-day workshop and understand that if I am unable to attend, I will not be eligible to participate in 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 2010-2011 academic year.

Signature _____ Date _____

If you have any questions call (415) 337-1100 x126, or e-mail bayareaastro@astrosociety.org.

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. **Unsigned applications will not be accepted.**

ADMINISTRATOR SUPPORT (Required)

I will support the participation of (applicant) _____ in Project ASTRO™, including allowing him/her to spend Friday, August 6th away from the classroom to attend the first day of the training workshop. (The school will take financial responsibility for any costs incurred for substitute teachers, if applicable.) I understand that a local astronomer will be visiting our school/organization.

Our school/organization will contribute \$ _____ (\$45 recommended) to cover registration and materials for the 2-day workshop. ***Note: No one will be excluded because of lack of funds, but contributions to help our project continue are appreciated.**

*If your school/organization would like to contribute funds to the program, please make the check payable to the Astronomical Society of the Pacific, and either submit it with your application, or bring it to the August workshop.
Thank you.*

Signature _____ Date _____ Phone () _____
Name (print) _____ Title _____

Working with Project ASTRO

Why are you interested in working with Project ASTRO™?

How will you include astronomy in your curriculum in 2010-11?

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:

