



School Application

Application Deadline: Jan. 5, 2009

Notification of acceptance: Jan. 23, 2009

Please submit completed application packets by one of the following options:

Fax: (315) 268-7994
Email: dbrouwer@clarkson.edu
Mail: Diane Brouwer
Office of Educational Partnerships
Clarkson University
Potsdam NY 13699

On-line application materials: www.bire.org/approach/Education/SENSE_IT.php

Technical Questions? Please contact Liesl Hotaling (845) 838-1600 x 26.

School Name:

School District (If applicable):

County:

School Address:

City, State, Zip:

School Main Telephone #:

District Factor Group (A-J) (If applicable):

Ethnic Breakdown of School:

____% White/Caucasian

____% African American

____% Hispanic/Latino

____% Native American

____% Asian

____% Other

Name/Title of Primary School Project Contact:

Primary Contact Telephone Number:

Alternate Phone #:

Primary Contact Email Address:

Alternate Email Address:

Summer Institute Dates and Location:

2009 Summer Institute
July 6 – 16, 2009
Clarkson University

2010 Summer Institute
July 5 – 15, 2010
Clarkson University

IMPLEMENTATION OF THE SENSE IT PROJECT (use more pages as necessary):

1. In what subject area class(es) will the SENSE IT curriculum be implemented? Please include the title of the course and a brief description of major learning objectives or syllabus (attach/append if necessary).

2. Please describe or append one or two representative classroom projects or assignments used during the class, if applicable.

3. What grade(s) are the students in this course?

4. Approximately how many students (total) will be involved? (If more than one class will participate, please identify the number of students in each class.)

5. What is the predicted gender makeup of each class (% male and % female)?

6. How do you envision that the SENSE IT curriculum will strengthen or enhance this course?

7. From your current knowledge about the project activities, when during the school year do you anticipate implementing the SENSE IT lessons (e.g., Nov-Dec, March, weekly over the course of several months, etc.)?

8. Are there other implementation issues or challenges you would like to address in this application?

TEACHER INFORMATION:

9. How many years have you taught the course in which you expect to implement this curriculum?

10. Do you expect to teach this course for the 2009-10 and 2010-11 school years in the same school? When/how will you receive confirmation of your teaching schedule for 2009-10?

11. What do you hope to gain through participation in this project?

Teacher Name:

Home Address:

City, State, Zip:

Home Phone #:

Mobile or Alternate #:

Primary Email Address:

Alternate Email Address:

Position (check all that are appropriate):

- Teacher: Grade____ Subject/s Taught_____
- Administrator: Responsibilities_____
- Technology Specialist: Responsibilities_____
- Other: Please specify_____

SCHOOL/DISTRICT COMMITMENTS (TO BE COMPLETED BY PRINCIPAL OR AUTHORIZED DISTRICT REPRESENTATIVE):

17. Will the school release the teacher for two professional development days during each of the 2009-10 and 2010-11 school years?

18. This grant does not cover transportation costs for students and teachers to Clarkson University. Will the school or district or individual participants be able to cover transportation costs for these events?

19. Will the school or district fund any difference in contract-required teacher stipends for the summer institutes (grant will cover \$35/hour for 8 days for two two-week teacher institutes)?

20. Will project staff and evaluators be allowed to visit participating classrooms, interview teachers and students (confidentially) and take photos and videos of project implementation (with signed release forms and no names)?

21. Will the school release at least one guidance counselor for one career-awareness event at during the 2009-10 or 2010-11 school years? Please provide the name, telephone number, and email address of the guidance counselor recommended to participate.

Guidance counselor name:

Phone:

Email address:

Principal Name (Printed)

Principal Signature

Date

Teacher Name (Printed)

Teacher Signature

Date