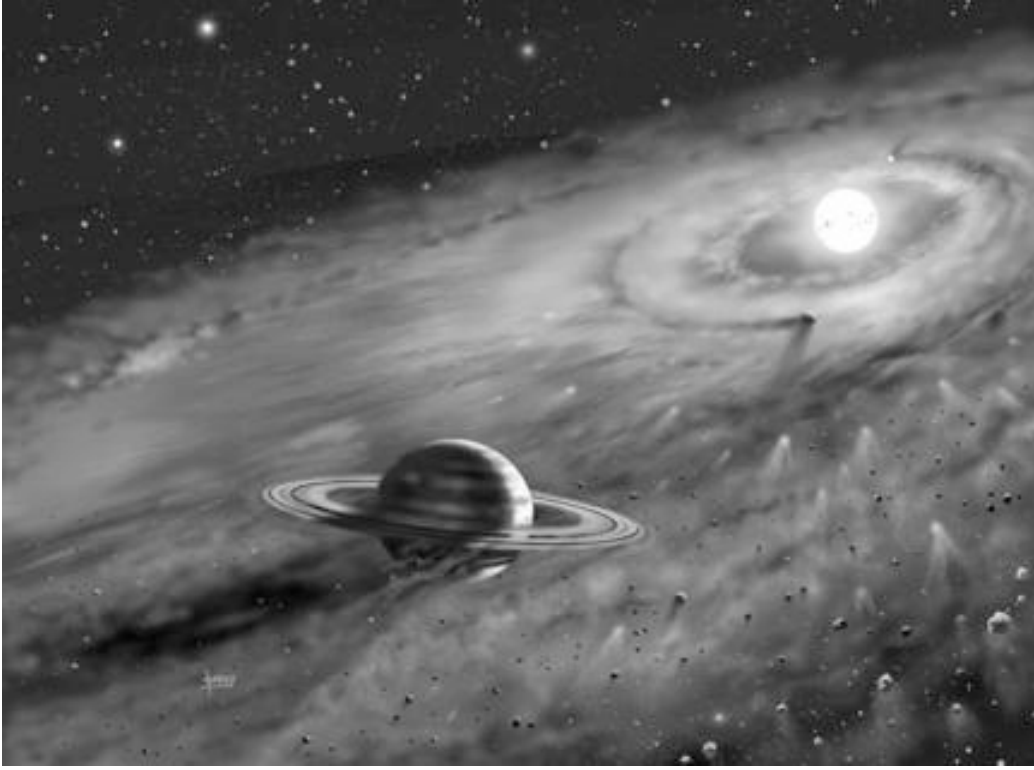




2009-10 Project ASTRO Educator Application



From: Philip Blanco, Coordinator, Project ASTRO San Diego

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WWW: <http://mintaka.sdsu.edu/projectastro/index.html>

**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 _____