Operation Physics 2007-2008

Application for Ohio Board of Regents Improving Teacher Quality Program-Supported
Kent State Graduate Course: Operation Physics (5 semester hours)

Postmark Deadline: March 17, 2007

Please type or print.

Contact and Community Information:

Name (official) ____________________________________________ Soc. Sec. No. ______________
Name (preferred on name tag) _______________________________ Birth Date: ______________
Home address: ____________________________________________
   City: ________________________________________ State: _______ Zip: ________________
   Phone: ______________________________________ e-mail: _________________________
School name: ____________________________________________ Phone: _______________________
   Street address: ____________________________________________
   City: ________________________________________ State: OH Zip: ________________
   Administrator name, title: ____________________________________________
   School District (LEA): ____________________________________________
School District Treasurer’s Name: ____________________________ Phone: ________________
   Street address: ____________________________________________
   City: ________________________________________ State: OH Zip: ________________

Population of Community where your school is located (check one):
Less than 10,000 _______       Less than 50,000 _______     50,000+ _______

Participant Data:

The following information is needed to complete state and federal reports on our project. It will be aggregated for the entire class; individual data will be kept strictly confidential.

Please provide the following information about yourself:

Gender: _______ Male _______ Female

Ethnicity: _______ White, non-Hispanic _______ Asian/Pacific Islander
           _______ Black, non-Hispanic _______ American Indian/Alaskan Native
           _______ Hispanic _______ Other (specify) ___________________

Education: Yr. bachelor’s degree: _______ from __________________________
           Yr. master’s degree: _______ from __________________________
           No. college physics courses completed _______ ; Yrs. HS physics _______

Teaching Experience: _______ years

Grade Level: I am currently teaching or preparing to teach:
           _______ Primary (K-3) _______ Intermediate (4-6) _______ Middle (6-9) _______ High (9-12)

School Type: I am currently teaching or preparing to teach in:
           _______ Public _______ Private
Main Subject Area:

I am currently reaching or preparing to teach (select the single best answer):

_______ Self-contained class (teach most academic subjects)
_______ Math only       _______ Science only       ________ Math and science
_______ Other (specify: ___________________________________________________)

Certification/Licensure:

______elementary  _____early childhood  _____middle childhood
______secondary   ______Other (specify:_____________________________________)

Professional development:

Please list experiences (if any) during the last 5 yrs. such as science courses, workshops, conferences, school or district curriculum planning, text selection, any other science education-related activity or leadership experiences:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Student Data:

Please provide information about the students you currently teach (all classes).

1. Total number (approximate) of students in my class(es) ________

2. Approximate number of students in your classes who are defined as high-need as determined by being from families below the poverty line based on census data or by eligibility for free and reduced-price lunches: ________

3. Approximate number of students in my classes who are:

   ______ White, non-Hispanic
   ______ Black, non-Hispanic
   ______ Hispanic
   ______ Asian/Pacific Islander
   ______ American Indian/Alaskan Native
   ______ Other, not indicated above
   ______ Total

   ______ Limited English proficient
   ______ Disable/Handicapped
   ______ Migrant
   ______ Economically disadvantaged
   ______ Appalachian
   ______ Gifted and Talented

   ______ Urban       Note: The totals for racial/ethnic data and the location (urban/
   ______ Suburban   suburban/rural) data should be equal to the total number of
   ______ Rural       students in your class(es) in #1 above.
   ______ Total

School Data:

1. School District: _____________________________________________

2. County: ___________________________________________________


4. School Building Where You Teach: _______________________________

5. Number of Students in Your School: _____________________________

6. Number of Students in Your School Who Are: Boys: ________ Girls: ________

7. School Building Effectiveness Rating: ___________________________
8. Please mention below any special characteristics of your school or student body:

Personal Statement of Interest:

I want to learn more about basic physical science concepts and activities for teaching them because: (Please answer in 50 – 150 words)

Operation Physics 2007-2008 Teacher Declaration

If accepted*, I agree to attend the class sessions to be held at Cuyahoga Falls High School in Summit County, OH on the following days:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 11-15</td>
<td>8:30 AM – 3:30 PM</td>
<td>Feb. 1</td>
<td>6:00 PM – 9:00 PM</td>
</tr>
<tr>
<td>Sept. 28</td>
<td>6:00 PM – 9:00 PM</td>
<td>Feb. 2</td>
<td>8:00 AM – 3:30 PM</td>
</tr>
<tr>
<td>Sept. 29</td>
<td>8:00 AM – 3:30 PM</td>
<td>Mar. 7</td>
<td>6:00 PM – 9:00 PM</td>
</tr>
<tr>
<td>Nov. 2</td>
<td>6:00 PM – 9:00 PM</td>
<td>Mar. 8</td>
<td>8:00 AM – 3:30 PM</td>
</tr>
<tr>
<td>Nov. 3</td>
<td>8:00 AM – 3:30 PM</td>
<td>April 4</td>
<td>8:00 AM – 3:30 PM**</td>
</tr>
<tr>
<td>Dec. 7</td>
<td>6:00 PM – 9:00 PM</td>
<td>**Professional release day requested from administrator</td>
<td></td>
</tr>
<tr>
<td>Dec. 8</td>
<td>8:00 AM – 3:30 PM</td>
<td>April 5</td>
<td>8:00 AM – 3:30 PM</td>
</tr>
</tbody>
</table>

This project includes a five (5) semester hr. graduate course (not a “workshop”) with tuition paid by an OBR grant. There will be readings, project assignments and tests required for successful completion, a responsibility that I accept.

If accepted*, I understand that I will have to complete any/all requirements for guest admission or special non-degree status at Kent State University. If any registration fee is required, I accepted responsibility to pay for it. (If I am eligible as a “guest student”, am already enrolled in a Kent State program leading to a degree, or if I have already completed a master’s degree at KSU, no registration fee will be charged, but some paperwork will be necessary following acceptance into this class.)

Signed _____________________________________________________ Date___________
(applicant)

*This application does not guarantee acceptance. We have a limited number of openings. Applicants will be notified of their standing by March 31, 2007 and will have to complete Kent State University registration requirements (if any) by June 1, 2007 in order to keep their reservations in this class.
Operation Physics 2007-2008 Acknowledgement of Administrator

If the teacher named here: ________________________________________________________________ is accepted* for the Ohio Board of Regents Improving Teacher Quality Professional Development program, this school will send Operation Physics the sum of $175 by August 10, 2007 to add to this teacher’s project budget for classroom science materials. I understand that the above-named teacher, if accepted for this project, will receive about $625 worth of additional grant-funded lab materials and activity sets for use in our school. (Your check or P.O. should be made out to Kent State University and sent to Dr. Sherman at the address below.)

I also agree to provide the above-named teacher with one professional release day, April 4, 2008, for participation in this program.

Signed _______________________________________________________ Date_____________
(administrator)

Administrator’s name (typed or printed) __________________________________________________________

Title: ____________________________________________________________________________

Address ____________________________________________________________________________

____________________________________________________________________________________

Office telephone: ______________________ Fax: ______________________

*This application does not guarantee acceptance. We have a limited number of openings and geographical priorities to comply with requirements of funding. Applicants can expect to be notified of their standing by March 31, 2007. Schools will be billed in August, 2007 for their contribution to the cost of classroom supplies.

Postmark completed application by March 17, 2007:

Operation Physics
c/o Dr. Wendy Sherman
404 White Hall
Kent State University
Kent, OH 44242-0001

Or fax application to: Dr. Sherman, Operation Physics, (330) 672-3246

For additional information contact:

Dr. Wendy Sherman (330) 672-0614 wsherma1@kent.edu or
Paul Wendel (330) 672-2707 pwendel@kent.edu