

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	_____ Limited English proficient
_____ Black, non-Hispanic	_____ Disable/Handicapped
_____ Hispanic	_____ Migrant
_____ Asian/Pacific Islander	_____ Economically disadvantaged
_____ American Indian/Alaskan Native	_____ Appalachian
_____ Other, not indicated above	_____ Gifted and Talented
_____ Total	

_____ Urban
_____ Suburban
_____ Rural
_____ **Total**

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

School Data:

1. School District: _____
2. County: _____
3. School District Effectiveness Rating: _____
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:

June 11-15	8:30 AM – 3:30 PM	Feb. 1	6:00 PM – 9:00 PM
Sept. 28	6:00 PM – 9:00 PM	Feb. 2	8:00 AM – 3:30 PM
Sept. 29	8:00 AM – 3:30 PM	Mar. 7	6:00 PM – 9:00 PM
Nov. 2	6:00 PM – 9:00 PM	Mar. 8	8:00 AM – 3:30 PM
Nov. 3	8:00 AM – 3:30 PM	April 4	8:00 AM – 3:30 PM**
Dec. 7	6:00 PM – 9:00 PM	**Professional release day requested from administrator	
Dec. 8	8:00 AM – 3:30 PM	April 5	8:00 AM – 3:30 PM

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 wshermal@kent.edu or

Paul Wendel (330) 672-2707 pwendel@kent.edu