



SEEDS OF SCIENCE/ROOTS OF READING®:
INTEGRATING SCIENCE & LITERACY
2009-2010 Application Form

In signing this application form I agree to the following:

1. I am aware that this is a one year project. I will attend and participate in all scheduled face-to-face and online sessions. I will arrive and be ready to participate in each of the face-to-face sessions by 9:00am and will not leave before 3:30pm.
2. I will work with my building team member(s) throughout the year to help meet the goals of this project and with the project staff to complete the project evaluation.
3. If I wish to earn graded non-degree graduate credits, it is my responsibility to pay for it. Three (3) credits will be available from John Carroll University for the summer sessions and the two face-to-face sessions at a rate of \$160 per credit. Two (2) credits will be available through Miami University for the online session at a rate of \$50 (total). It is also my responsibility to complete the paperwork and return it to project director/facilitators with payment by the due date. I understand that there may be additional work to complete in order to earn this credit.
4. I understand that in order to receive the \$150 stipend I will need to attend and participate in the entire 5-day summer session as well as complete the pre- and post- evaluation items. I will not be paid for partial attendance.
5. I have INCLUDED a refundable \$30 check made payable to John Carroll University as part of this registration. I understand that the check will be returned to me upon completion of the 5-day summer session.
6. I have INCLUDED my principal agreement form and answers to the following questions with this registration form.
 - a. How will this experience enhance your current professional development plan?
 - b. How are you currently teaching science & explain how you think this experience will change that?
 - c. **Briefly** explain your previous science professional development experiences.

Name:			
Home Street Address:			
City :		Zip Code:	
School:		District:	
Principal:		Grade level:	
Home Phone:		Cell Phone:	
School Phone:		Preferred Email:	
Team Members:			
Summer session choice: (one only)	<input type="checkbox"/> August 3 – 7, 2009	<input type="checkbox"/> August 10 – 14, 2009	
Signature/Date			



Center for Mathematics and Science Education, Teaching & Technology
 20700 North Park Blvd. University Hts, OH 44118
 TEL: 216-397-4575 FAX: 216-397-4544 EMAIL: cmsett@jcu.edu

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