

Blue Ribbon Algebra I Support

For Teachers of Algebra I Support - Algebra I Teachers and Collaborative and Vertical Teams are Welcome

Blue Ribbon Counties are: Harrison, Hampshire, Marion, Mineral, Monongalia, Preston, Randolph, Ritchie, Taylor, Upshur, Wetzel and Wood.

Please mail all school/county applications in the same envelope.

Registration Form-- DUE ON OR BEFORE -- November 18, 2009.

Tentative Meeting Dates at WVU Mathematics Department, Morgantown, WV:

January 23, 2010; February 27, 2010; and a three-day follow-up session the week of June 14

Please mail this application to WVU in care of:

Blue Ribbon Partnership Coordinator: Dr. Laura J. Pyzdrowski
Institute for Math Learning
WVU Mathematics Department
411-B Armstrong Hall
Morgantown, WV 26506-6310

Email Confirmation will be sent upon receipt of application

Participants may have counties submit checks directly. Each Blue Ribbon County should select **teams** to participate.

Please Print

Name: _____

School: _____ County: _____

Home Address: _____

City, State, Zip: _____ Preferred Phone No. _____

(Your home address is required for the stipend to be processed. It will be kept confidential.)

email address: *(email communication is used.)* _____

Please Check one of the following:

Teacher	<input type="checkbox"/>	Pre-service teacher candidate	<input type="checkbox"/>
Teacher aide or assistant	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

The school is classified as poverty level: (Check one.) (Poverty level is calculated as the percentage of students approved for free or reduced-price lunch. This information is necessary for the completion of the required project report.)

Low (below 35%)	<input type="checkbox"/>	High (above 50%-below 75%)	<input type="checkbox"/>
Medium (above 35%-below 50%)	<input type="checkbox"/>	Very High (above 75%)	<input type="checkbox"/>

I am interested in: *(Check all that apply.)*

WVU Mathematics Graduate Credit (Additional cost of \$120 plus WVU application fee)	<input type="checkbox"/>	Credit Toward Certification	<input type="checkbox"/>
Credit Toward Salary Increase	<input type="checkbox"/>	Other Credit <i>(Please Specify.)</i>	<input type="checkbox"/>

**** PLEASE TURN OVER AND COMPLETE THE OTHER SIDE. ****

Have you been accepted to take graduate courses at West Virginia University? Yes _____ No _____
 If yes, in what semester and year were you last enrolled? _____

Employment Record: List professional experiences of the past five years in teaching and work related to teaching. List in reverse chronological order giving present or last position first. (Add separate sheet if necessary.)

DATES	EMPLOYER	NATURE OF ACTIVITY

College or University Education: List in reverse chronological order giving present or last institution first.
 (Add separate sheet if necessary.)

INSTITUTION	SCHOOL or DEPARTMENT	YEARS FROM-TO	DEGREE	MAJOR SUBJECT	MINOR SUBJECT

List all projects (One week or more in length) specifically for mathematics teachers that you have attended. Include Summer Institutes, In-Service and Academic Year Institutes, Conferences, all Cooperative School-Science Projects, and Research Participation Projects. (Use additional sheet if necessary.)

NAME of HOST INSTITUTION	TYPE of PROJECT	DATE	LENGTH in WEEKS	AMOUNT of FINANCIAL ASSISTANCE	SOURCE of ASSISTANCE

How would you rank yourself as a user of computer technology in the classroom?

Novice		Used as an instructional aid in the classroom.	
Experienced user, but not using in mathematics education.		Used in hands-on student explorations.	

How many miles (driving distance) do you live from a higher education institution (college or university) which has been providing mathematics in-service training for teachers? _____ miles

What is the name of the Institution? _____

- *Are you willing to implement the use of gaming software into your classroom? _____ yes _____ no
- *Are you willing to implement Teach 21 Java Applets into your classroom? _____ yes _____ no
- *Are you willing to implement the use of robotics lessons with students? _____ yes _____ no
- *Are you willing to help assess the project through reflective feedback and student assessment. _____ yes _____ no

Participant Signature _____ Date _____

County Office Signature _____ Date _____