

HELPING ALL STUDENTS SUCCEED IN MATHEMATICS

Institute for Experienced Teachers (Grades 6 - 12)

August 4 - 8, 2003

Registration Form

Name (please print): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone () _____

E-Mail Address: _____

County of Residence: _____

(Please Respond) How did you hear about our institutes? _____ (Please provide name and title of administrator who informed you of this institute, if applicable.)

EDUCATIONAL BACKGROUND

DEGREES	INSTITUTION	MAJOR/DEGREE	DATE
College			
Graduate			

TEACHING and/or ADMINISTRATIVE RESPONSIBILITIES:

(Please describe below your present teaching and/or administrative responsibilities:)

A. What grade level(s) do you currently teach? _____ supervise? _____

B. How many years of experience do you have as a teacher _____ or a supervisor of mathematics _____?

SCHOOL INFORMATION:

Name of School: _____

(Check all that apply)

Public _____ **Private** _____

What grade levels are taught in your school? _____

SSI _____ **Goals 2000** _____

Name of School District: _____

County: _____

School Address: _____

Zip: _____ Phone: () _____

Urban _____ Suburban _____ Rural _____

What percentage of students in your school receive free or reduced lunch? _____ %

Is your school certified as a Title I school? (Y/N) _____

(If you are unsure of the responses to the two questions above, please check with your supervisor or principal.)

If teaching Special Education: At what grade level do you target your instruction? _____

Please list the courses you will be teaching this fall, indicating the title of each course, the grade level(s), and the **textbook to be used.**

1.	
2.	
3.	
4.	

Do you use computers in your classroom? _____ If yes, how many and what type of computers are in your classroom?

Do you use calculators in your classroom? _____ If yes, what kind? _____

FURTHER INFORMATION: *(Please briefly list on a separate sheet of paper:)*

1. Any additional courses or workshops you have attended.
2. Any additional courses or workshops you have given.
3. Any prior experience you have had with the use of technology in the classroom, if any.
4. Your activities in professional organizations.
5. Your professional/administrative/supervisory activities within your school (e.g. curriculum development, math clubs, math specialist, etc.).

LODGING ARRANGEMENTS:

The Institute program is expected to run from about 8:00 a.m. to 4:30 p.m. each day. *Arrangements can be made to lodge participants at a nearby hotel Monday through Thursday at a modest cost to the participant; if interested in lodging please call Kerstin Schnatter at 732-445-0841 prior to July 7, 2003.*

METHOD OF PAYMENT: (Cost is \$850.00 per participant.)

_____ I have enclosed a **personal check** (# _____).

_____ I have enclosed a **check from my district** (# _____).

_____ I have enclosed a copy of the **purchase order** (# _____).

If your school district will be paying for the institute, please have your supervisor or principal sign off on this application:

(Signature)

(Name and title)

GRADUATE CREDIT: *You will receive information about graduate credit with your acceptance package. Three graduate credits in education are available in conjunction with the institutes. Tuition is approximately \$416.00 for New Jersey residents and \$577.50 for out-of-state residents. There will be an informational meeting about graduate credit during the week of the institute.*

Applicant Signature:

Please return this form and any other correspondence to:

**CMSCE - ETI
118 Frelinghuysen Road
SERC Room 221
Piscataway, NJ 08854
Attn: Kerstin Schnatter**