

# Project ASTRO Teacher Application

## Personal/Teacher Information

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_(\_\_\_\_)\_\_\_\_\_ ZIP \_\_\_\_\_  
School \_\_\_\_\_  
District \_\_\_\_\_ Years Teaching \_\_\_\_\_  
Grade \_\_\_\_\_ Subject \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Fax \_(\_\_\_\_)\_\_\_\_\_  
Work Phone \_(\_\_\_\_)\_\_\_\_\_  
E-mail \_\_\_\_\_

## Administrative Support

Successful partnerships require admin support. Please have the appropriate administrator certify Project ASTRO support by having them complete and sign this section.

I approve participation of \_\_\_\_\_  
in Project ASTRO. (print teacher name)

“Support” includes a day off for the workshop, planning time, and allowing astronomer volunteer visits to the school.

\_\_\_\_\_  
(Principal or Administrator Signature)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
School \_\_\_\_\_  
Phone \_(\_\_\_\_)\_\_\_\_\_  
Date \_\_\_\_\_

## Teacher Background and Planning Information (Use back of form if necessary)

1. Describe formal education (include experience in astronomy).
2. Any experience with volunteers, collaborative projects, or the public?
3. Why do you want to participate in Project ASTRO?
4. How will you include astronomy in your curriculum this year and how many classes/students are involved?
5. How and when will you plan visits and curriculum with your astronomer partner?
6. How do you envisage your partner contributing to astronomy in your class?
7. How did you hear about Project ASTRO?

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_