

**Application for
Conceptual Chemistry for Teachers of Grades 4 - 9
Ohio Board of Regents' Improving Teacher Quality Program
5 Credit Hour Graduate Course at Kent State University - Stark/Tuscarawas
Postmark Deadline: April 1, 2016**

Class Meeting Dates:

June 13 - 16, 20 - 22, September 10, October 7 - 8, November 5, 2016 (11 days total)

Please type or print:

Name (official): _____ Soc. Sec. #: _____

Name preferred on name tag: _____ Birth Date: _____

Home address: _____ City _____

County: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

email: _____

School name: _____ Phone: _____

Street address: _____ City _____

County: _____ State: OH Zip: _____

Administrator name *and* title: _____

School District (LEA): _____

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 _____ Black, non-Hispanic _____ Hispanic _____

Asian/Pacific Islander _____ American Indian/Alaskan Native _____

Other _____ (specify): _____

Education: Year of bachelor's degree _____ Institution _____

Year of master's degree _____ Institution _____

Teaching Experience: Number of year(s): _____

Prior Coursework:

Number of college chemistry courses completed: _____

Number of years of HS chemistry completed: _____

Grade level you are currently teaching or preparing to teach:

Primary (K-3)_____ Intermediate (4-5)_____ Middle (6-8)_____ *High (9-12)_____

**If High School, indicate grade level or levels taught or preparing to teach: _____*

Select the response that best describes the main subject area that you are currently teaching or preparing to teach (select one):

Self-contained class (teach most academic subjects)_____

Math only_____ Science only_____ Math and Science_____

Other or multi-subject combinations _____ (*specify*): _____

Professional Certification: Elementary_____ Early Childhood_____

Middle Childhood_____ Secondary_____ Special Education_____

Other _____ (*specify*): _____

Student Data: Please provide information about the students you currently teach.
Please do not substitute percentages (%) where numbers are requested.

1. Population of Community where your school is located (check one):

Less than 10,000_____ Between 10,000 - 50,000_____ 50,000+ _____

2. Number of students in my class(es): _____

3. Total number of students in my school: _____

4. Approximate number of students in your school who are eligible for free or reduced price lunches: _____

5. Approximate number of students in your school who are:

a) White, non-Hispanic _____ d) Asian/Pacific Islander _____

b) Black, non-Hispanic _____ e) Am. Indian/Alaskan Native _____

c) Hispanic _____ f) Other, not listed above _____

6. Approximate number of students in your school who are from:

g) Urban (from community population > 50,000) _____

h) Suburban (community with population > 10,000 and < 50,000) _____

i) Rural (from community with population < 10,000) _____

7. Number of students from the following groups: (Students may belong to more than one category.)

- | | |
|-------------------------------------|-------------------------------------|
| a) Limited English proficient _____ | d) Disabled/Handicapped _____ |
| b) Migrants _____ | e) Economically disadvantaged _____ |
| c) Appalachian _____ | f) Gifted and Talented _____ |

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. (Use additional pages, if necessary.)

Personal Statement of Interest: *I want to learn more about basic chemistry topics and activities for teaching them because:* (Please answer in 100 – 150 words typed below or on a separate typed page.)

Teacher Declaration

IF ACCEPTED* I agree to attend all of the class sessions to be held at Kent State University at Tuscarawas from 8:00 a.m. to 4:00 p.m. on the following dates in 2016:

June 13, 14, 15 and 16 (Monday – Thursday)

June 20, 21 and 22 (Monday – Wednesday)

September 10 (Saturday)

October 7 and 8 (Friday and Saturday)

November 5 (Saturday)

*I understand that class attendance is important for successful completion of the program and confirm that **none** of the above dates are in conflict with personal or professional events that would result in anticipated absence.*

*I understand that this project includes a 5-semester hour graduate course with tuition and materials paid by an OBR **Improving Teacher Quality** grant. The program does not cover application fees to the Graduate College of Kent State University. There will be assignments and tests required for successful completion of the program, a responsibility that I accept.*

IF ACCEPTED* I understand that I will have to be admitted to the Graduate College of Education, Health and Human Services (EHHS) at Kent State University **prior** to registration for this class. I will carefully and expeditiously follow the instructions for admission to EHHS if contacted about admission policies and procedures. I will respond promptly to all inquiries from KSU in order to keep my place in this class.

Please note that application fees to the KSU Graduate College are not covered by grant funds and are the responsibility of the applicant.

Signed _____ Date _____
APPLICANT

****Submission of an application does not guarantee acceptance into the program. The number of program openings is limited and determined by the funding level approved by the Ohio Board of Regents. Successful applicants must complete admission requirements to the KSU Graduate College by May 31, 2016 in order to secure a seat in the course.***

Acknowledgement of Administrator

If the teacher named here: _____ is accepted for the Ohio Board of Regents' *Improving Teacher Quality State Grant* science project, I will send **Conceptual Chemistry** the sum of \$175 by **May 31, 2016**, as payment to provide this teacher's in-service budget for classroom science materials. I understand that my teacher, if accepted for this project, will receive more than \$850 worth of grant-funded lab materials and activity sets for use in our school.

In addition, I agree to provide one professional release day, **Friday October 7, 2016**, for the above named teacher to prepare for student-involving activities related to this project.

Signed _____ Date _____
ADMINISTRATOR

Administrator's name/title (typed or printed) _____

Billing Information:

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office telephone: _____ Fax: _____

Mail or bring this completed application to:

Conceptual Chemistry, c/o Dr. Christopher J. Fenk
Science and Advanced Technology Center
Kent State University at Tuscarawas
330 University Dr. NE
New Philadelphia, OH 44663-9403

FAX application to: Dr. Fenk, *Conceptual Chemistry*, (330) 308-7552

E-Mail application to: Dr. Fenk, *Conceptual Chemistry*, cfenk@kent.edu

For more information, call or e-mail:

Dr. Christopher J. Fenk
Phone: (330) 308-7467
e-mail: cfenk@kent.edu

Dr. Claudia Kourey-Bowers
e-mail: cmkhoure@kent.edu