

Formative Assessment **Application Form – Page 1**

Name and title of administrator making the application: \_\_\_\_\_

School district name and address:  
\_\_\_\_\_  
\_\_\_\_\_

School district phone: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Describe the current science professional development offerings taking place in your district:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe why your district or school administration is interested in implementing inquiry-based science learning and teaching:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List pedagogical initiatives to be implemented in the following school year:  
\_\_\_\_\_  
\_\_\_\_\_

Does your school or district have a science strategic plan? \_\_\_\_ Yes (please attach a copy) \_\_\_\_ No

Provide your team composition: A team is composed of an administrator, and science curriculum specialist or coordinator, and three to five educators who play lead roles in a district's or project's professional development offerings. Additional team members should also include a reading, writing, or literature specialist, museum educator, scientist, or university faculty member. Team members should be proposed based upon their:

- \* level of responsibility in professional development
- \* ability to impact the science education agenda
- \* willingness to work collaboratively with fellow team members to implement what they have learned at the Institute upon returning to their schools.

Please use the attached sheet to list each participant. By signing and returning these forms you agree to commit the necessary resources and staff to make this a successful science learning and teaching experience. In addition, you agree to allow the Connecticut Science Center to survey both teachers and students for assessment purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_ Position: \_\_\_\_\_

Formative Assessment **Application Form 2009 – Page 2**

School district: \_\_\_\_\_

Participants:

Administrator's Name	Title	School	Phone	E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Teachers' Names	Grade /Title	School	Phone	E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other school personnel	Title	School	Phone	E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scientists' Name(s)	Occupation	Company	Phone	E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Museum/university staff	Occupation	Institution	Phone	E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Return application to:  
**Holly Harrick, Prof. Development Program Manager**  
**250 Columbus Blvd**  
**Hartford, CT 06103**  
**Phone: 860/727-520-2111**  
**Fax: 860/727-9821**  
[hharrick@ctsciencecenter.org](mailto:hharrick@ctsciencecenter.org)

**Personal Attendance Commitment Contract**

I, \_\_\_\_\_ of \_\_\_\_\_  
school/museum/university/company will attend each of the **FIVE** days of the Connecticut Science Center’s Formative Assessment workshop in their entirety. I have been informed that it is vitally important to attend every day in full because each day builds upon the other, and each activity builds upon the next, in order to allow for deep, meaningful learning to take place.

The 30 hours of instruction I will receive from the workshop are important to me because...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please read the following carefully and sign below if you are able to commit to this contract.***  
In signing this contract, I acknowledge that I will arrive on time (by 8:30 AM) and I will stay until the end of each day (3:00 PM) during the Formative Assessment workshop. If circumstances should arise prior to (\*or during\*) the workshop which require me to miss some time, I understand that I must postpone my attendance to a later date (i.e., If I attend on Monday, then miss Tuesday for an emergency, I cannot return to the workshop on Wednesday for the remainder of the week). Furthermore, I have been informed that this workshop requires me to limit my cell phone use to break times (15 minutes each AM and PM) and lunch (30 minutes each day).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**(This contract is to be signed by each team member and returned with the district/school application)**

**E-mail address:**

**Grade Level:**

**District:**

**Week of :**