

PISA² LEADERS APPLICATION 2014

Personal Information

Name: _____ Gender: Male Female

School: _____

District: _____

School Street Address: _____

City: _____ State: _____ ZIP: _____

School Phone: _____ School Fax: _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Primary Email Address _____

Secondary Email Address _____

Professional Information

Are you currently a full-time classroom teacher? Yes No

Grade(s) you currently teach _____

Science topics you currently teach _____

Other grades/subjects previously taught: _____

Years of teaching experience: _____ Years in current district: _____

Undergraduate major: _____

Graduate major (if applicable): _____

State certification(s): _____

Subject area(s) in which you are considered highly qualified:

List the science and math undergraduate and graduate courses, and professional development workshops you have taken. Use the other side of this sheet if more space is needed.

Undergraduate: _____

Graduate: _____

Professional Development: _____

Please indicate with a check mark, the math disciplines identified below in which you are proficient.

General Math High School Level Algebra High School Level Geometry High School Level Trigonometry

Briefly describe any science (or STEM) field experiences in which you have participated, such as internships in a science laboratory. Include where and when the experience occurred and its duration.

Paragraph Response Items (please attach to this application)

1. What do you expect to learn from the program and how do you anticipate using this learning in the classroom?
2. Describe an example where a professional development experience impacted your teaching.

Which of the following Institutes, for your grade level, do you wish to attend during Summer 2014? (see attached schedule) You may attend one or both. Please note you must commit to attend all 5 days of the Institute(s) you indicate with a check mark.

Energy, 3-5, FEA Energy, 3-5, Stevens Institute Matter & Interactions 3-5, Stevens Institute Matter & Interactions 3-5, FEA

Energy, 6-8, Stevens Institute Energy, 6-8, FEA Chemistry, 6-8, Stevens Institute Chemistry, 6-8, FEA

Identify the time period (specific months and number of weeks) during the 2014-2015 school year when you will teach the topic of the institute(s) you selected.

Signatures

PISA² Leader Applicant:

I have read and understand the program components, commitments and benefits and I am interested in participating.

Print Name: _____ Date: _____

Signature: _____

School Principal of PISA² Leader Applicant:

I agree to support the teacher's participation in all components of the PISA² program and maintain his/her current teaching assignment (grade 3-8, science) over the 1-year commitment.

Print Name: _____ Date: _____

Signature: _____

Application Checklist:

- Completed and Signed Application
- Signed Teacher Consent Form for Assessments/Evaluations
- Open-ended Responses

(For your convenience, an electronic version of the application is available at: <http://stevens.edu/ciese/pisa2>)

Pat Slater
Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
Fax: 201-216-8069 Phone: 201-216-5375
Email: Patricia.Slater@stevens.edu

Applications must be submitted no later than February 14th, 2014

Teacher Consent Form for Assessments/Evaluations

The PISA² project is a research study funded by the National Science Foundation. As a participant in PISA², all teachers are required to participate in the assessments and evaluation of the PISA² project. The purpose of the evaluation is to provide feedback to the project team and the National Science Foundation on the graduate courses and professional development institutes that integrate/promote science inquiry engineering design and 21st century skills in the classroom. As part of the evaluation, you will be asked to take pre- and post- tests in each course/institute, answer surveys, and share your course papers and lesson plans. You will also be requested to participate in scheduled interviews and classroom visitations as part of our study.

We believe the risks of the evaluation are small. They include time spent on evaluation activities, which are embedded in the courses and institutes. The benefits are that you will gain content and pedagogical content knowledge in science; increase your repertoire in implementing science inquiry, engineering design, and problem-based learning in your classroom; obtain 15 graduate credits and/or science teaching certification (PISA² Scholars only); and increase your ability to promote student acquisition of 21st century skills.

There is no payment for your participation in the evaluation other than the completion stipend noted under "Participant Benefits."

Your confidentiality will be preserved, as names will not be used in any reports. All data will be securely stored in a secure cabinet or password-protected computer.

The results of the evaluation will be used to provide feedback in order to improve the program. In addition, if the project is deemed successful, we may use the data collected, including your comments (without attribution), in conference presentations and/or journal articles.

Participant's Rights

Project Evaluator: Education Development Center (EDC)

Research Title: Partnership to Improve Student Achievement in Physical Science: Integrating STEM Approaches (PISA²)

- I have read the above evaluation procedures. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- By applying to the program, I am volunteering to be part of this research. I may refuse to participate or withdraw from participation in this program at any time without jeopardy to my teacher status in my district. The evaluator may withdraw me from the evaluation at his professional discretion.
- If, during the course of the evaluation, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the evaluator will provide this information to me.
- Any information derived from the evaluation that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the external evaluator/team, who will answer my questions. The external evaluator/team's email address is dlight@edc.org.
- If at any time I have comments, or concerns regarding the conduct of the evaluation or questions about my rights as a participant, I should contact Dr. Zvi Aronson, Chair, Stevens Institute of Technology Institutional Review Board/IRB, zvi.aronson@stevens.edu, (201) 216-5032.
- I will receive a copy of this evaluation description and of the Participant's Rights document.
- My signature means that I agree to participate in this study.

Participant's signature: _____ Date: _____

Printed Name: _____