

Application for TTIPS08

Last name _____ First name _____

School name/address

School Phone # _____ Fax # _____

School District _____ Principal _____

E-mail address _____

Home address

Home phone no _____

Place an * next to your preferred mode of contact above (e.g. home phone number, email, etc).

Please fill in the following for the courses you usually teach:

Grade	# of students	Course
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place * next to those you will be teaching during the 08-09 school year.

How many years have you been teaching? ___ How many years teaching physical science? ___

Do you have an internet-connected computer in your classroom? **YES NO**

Do you consider yourself a moderate to frequent user of technology? **YES NO**

Are you planning to take this workshop for CEU's? **YES NO**

Are you planning to take this workshop for **course credit**? **YES NO**

How many previous professional development activities/workshops have you participated in? ___

Briefly describe what you hope to learn or achieve from this workshop.

Mail or fax completed application to:

If you have questions, please contact Dr. Elder at

Dr. Elder
Box 9727 Mississippi State University
Mississippi State, MS 39762
Fax (662) 325-3263

phone: 662-325-0387
Email: aelder@colled.msstate.edu