

## Math-Ese 4 ALL Workshop Application OPSU, Summer 2009

### Personal Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary E-mail address \_\_\_\_\_

Secondary E-mail address \_\_\_\_\_

### School Information

**This information pertains to the school under which you will be contracted for the 09 - 10 school year.**

School Name \_\_\_\_\_ Level (Elementary, Secondary) and (public, private)  
(Circle the one that applies (Pk-6) (7-12) )

Enrollment at your school site (ADM) \_\_\_\_\_

District Number and Name (*i.e.*, I-001 Yarbrough) \_\_\_\_\_ County \_\_\_\_\_

Building Principal \_\_\_\_\_ Superintendent \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone Number \_\_\_\_\_ School FAX Number \_\_\_\_\_

I will teach the following grade(s): K , 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , 10 , 11 , 12 (Circle all that apply)

For non-elementary teachers; the math subjects that I will be teaching teach are:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I spend _____ percent of my school week teaching math.	I will teach math to _____ students per day. <small>Give a number</small>
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I have access to the following items for use in my classroom: (Check all that apply)

___ computer	___ printer	___ Internet access	___ VCR/DVD
___ television	___ overhead projector	___ optical projector	___ SmartBoard©
___ classroom set of calculators (list type):		___ graphing calculator accessories (List):	
___ manipulatives for teaching math concepts		___ other (list):	
___ document camera		___ digital camera	

In 50 words or less, explain your level of expertise in working with students from diverse backgrounds and abilities, the skills you expect to gain by attending this workshop, and how you will apply those skills in your classroom.

*If selected as a participant, I agree to take part in all activities, attend all meetings, and complete all requirements. I understand that receipt of the stipend and materials is contingent upon my satisfactory completion of all activities and assignments and my presence at all meetings.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

I recommend this teacher for participation in the Math-Ese 4 ALL workshop. I encourage the professional development opportunity and support the attendance at the workshop and all follow-up activities.

\_\_\_\_\_

Building Principal Signature

\_\_\_\_\_

Date

Send completed application to:  
Oklahoma Panhandle State University, School of Education  
Math-Ese 4 ALL Workshop  
P.O. Box 430  
Goodwell, OK 73939  
Phone: 580-349-1406  
E-mail: [rwstewart@opsu.edu](mailto:rwstewart@opsu.edu)

**Applications must be received by April 3, 2009**