



Region 4 Science Collaborative

2015–2016 Application Form

Science Teacher Mentor

Electronic Completion Directions: Press “Tab” to move between fields. To move backward, press “Shift” + “Tab.” To check the boxes, press “x.” Since only signed forms will be considered, please print and sign this form. Submit your completed application via mail or fax (refer to page 2).

Section I:

Last Name	First Name	M.I.	School Name	
			<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
Home Mailing Address			Principal's Name	
City	State	Zip	School Address	
Home Phone	Personal/Summer E-mail Address		City	State
				Zip
School/Work E-mail Address			School Phone Number	School Fax Number

Section II:

Education:	<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Ethnicity: (check one)	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	Grade(s) to Be Taught in 2015–16: (check all that apply)	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

2015–2016 Position (check all that apply)	Subject(s) to Be Taught in 2015–2016 School Year (check all that apply)	State of Texas Certification Status (check all that apply)
<input type="checkbox"/> Classroom Teacher	<input type="checkbox"/> Elementary Science	<input type="checkbox"/> Certified for all subjects or grades I currently teach
<input type="checkbox"/> Specialist/Coordinator	<input type="checkbox"/> Middle School Science	<input type="checkbox"/> Certified, but not for all subjects or grades I currently teach
<input type="checkbox"/> Department Chair	<input type="checkbox"/> IPC <input type="checkbox"/> Bio <input type="checkbox"/> Chem <input type="checkbox"/> Phys	<input type="checkbox"/> Currently pursuing certification
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Currently under emergency, provisional, or temporary certificate
In 2015–2016, I will have __ years of classroom teaching experience. In 2015–2016, I will have been a member of the Region 4 Science Collaborative for __ years.		

Section III:

District Name	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Superintendent's Title	Superintendent's Name (First and Last)
----------------------	---	---

District Address	City	State	Zip
The Campus Where I Teach Qualifies as Title I: (check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Campus Poverty Level: (check one)	<input type="checkbox"/> Low (<35%)	<input type="checkbox"/> Medium (35 %–50%)	<input type="checkbox"/> High (51%–75%) <input type="checkbox"/> Very High (>75%)
% Free/Reduced Lunch			
The Type of Campus at Which I work Is (check one)	<input type="checkbox"/> Private	<input type="checkbox"/> Charter	<input type="checkbox"/> Public <input type="checkbox"/> Alternative

Section IV:

Have you ever **attended** a state or national science conference? ☐ No ☐ Yes **List:**

Have you ever **presented** at a state or national science conference? ☐ No ☐ Yes **List:**

Are you applying to another Regional Science Collaborative? ☐ No ☐ Yes **List:**

What is your school's TEA rating? (check one)

☐ Met Standard ☐ Improvement Required ☐ Not Rated ☐ Priority/Focus School

Section V:

Please describe why you would like to be a Region 4 Science Collaborative teacher and how you plan to improve student achievement in science. Limit your response to 500 words. Attach a separate document in Microsoft Word (.docx) or PDF format if needed.

If chosen as a science teacher mentor, you will be required to share your knowledge with other teachers through at least 12 hours of mentoring and/or planning. Please initial that you acknowledge this as a responsibility of a mentor. _____

If chosen, you will be REQUIRED to attend 100 hours of science-related professional development during the 2015–2016 school year. Sessions will be scheduled after school hours and on Saturdays, as well as a 2-week summer institute July 20–30, 2015. Will these requirements be a problem personally or professionally?

☐ No ☐ Yes **Explain:**

APPLICANT: I certify that the above information is correct to the best of my knowledge. I am committed to participating in Science TEKS/STAAR®-based professional development, leadership symposiums, and peer coaching opportunities. If selected as a science teacher mentor, I intend to fulfill all requirements of the Region 4 Science Collaborative, and will use all received texts, equipment, and consumables for the educational achievement of my students. In addition, I will complete a pre- and post-test provided to me. I understand that if I teach a tested grade level, I will provide the TRC and the Region 4 Science Collaborative with my STAAR data from the 2015–2016 administration.

Teacher Signature _____ **Today's Date** _____

PRINCIPAL: (must be signed by campus principal) I recommend and support the teacher identified above to represent my school in the Region 4 Science Collaborative. I understand that she/he will be expected to attend training sessions and that all equipment that she/he receives belongs to the trained teacher.

Principal Signature _____ **Today's Date** _____

Application Due Date:
Friday, May 8, 2015

*Space is limited
to 40 science teachers*

Please mail or fax this form to:

Jennifer Wellman, Region 4 ESC
7145 West Tidwell Road
Houston, Texas 77092-2096
Fax to 713.744.0646

Office Use Only

Rcvd: _____
Approved for STM: _____
Approved for CM: _____
E-mailed Notification: _____

For questions, please call 713.744.6807 or e-mail jennifer.wellman@esc4.net.