IMPACT Program Participant Application

Teacher's Name: _____

School District: _____   AEA: _____

School Building: _____
Address: _____
_____
_____

Phone # (at school): _____

FAX # (at school): _____

Email address (at school): _____

Summer information:
Address: _____
_____
_____

Phone #: _____

Email address: _____

Miscellaneous Information:
Grades taught: _____

Subjects taught: _____

Grade(s) & Subject(s) anticipated to be taught next year: _____

# of years in the district: _____   _____

# of years teaching PreK-12: _____

Education (Date, Degree, Discipline, Institution):

_____

_____

_____

IMPACT Workshop Participant Interest Survey

1.   Describe in your own words the process of science.

2.   Describe in your own words what you would see happening in a classroom during an inquiry lesson.

3.   Describe any ways you currently use weather information in your classes.

NAME: _____   SCHOOL DISTRICT: _____

IMPACT Workshop Participant Educational Technology Survey

4. Please complete the following chart to indicate your level of comfort with the various educational technology skills and applications listed. Don't be concerned about your level of skill; we will use the information to help create the Summer Institute workshop materials. Add any technologies at the bottom (Other technologies) that you use on a consistent basis.

TOPIC	I have never used this skill/ application.	I have seen, tried or am aware of this skill/ application.	I occasionally use and/or apply this skill/ application.	I regularly use and/or apply this skill/ application.	I have taught this skill/ application to others (family, friends, teachers)
Basic Computer Operation	☐	☐	☐	☐	☐
Word Processing	☐	☐	☐	☐	☐
Spreadsheet	☐	☐	☐	☐	☐
Database	☐	☐	☐	☐	☐
Search the Internet for information	☐	☐	☐	☐	☐
Use Internet tools like Chat, Instant Messaging	☐	☐	☐	☐	☐
Use Email	☐	☐	☐	☐	☐
Create Web Pages/Sites	☐	☐	☐	☐	☐
Presentation software (ie., PowerPoint)	☐	☐	☐	☐	☐
Graphing Data	☐	☐	☐	☐	☐
Audio/Video Production	☐	☐	☐	☐	☐
Digital Camera	☐	☐	☐	☐	☐
Mapping Tools, GPS	☐	☐	☐	☐	☐
Use the ICN (Iowa Communications Network)	☐	☐	☐	☐	☐
Course Management Tools (ie., Blackboard, Moodle)	☐	☐	☐	☐	☐
Webinar/Video Conferencing	☐	☐	☐	☐	☐
Other technologies: _____	☐	☐	☐	☐	☐
Other technologies: _____	☐	☐	☐	☐	☐
Other technologies: _____	☐	☐	☐	☐	☐
Other technologies: _____	☐	☐	☐	☐	☐
Other technologies: _____	☐	☐	☐	☐	☐

NAME: _____   SCHOOL DISTRICT: _____

Signatures Page

Please complete this page. Note that your Principal's signature is required. We encourage you to obtain signatures from the additional administrators that are listed, although it is not necessary. Their names are required.

School Superintendent's Name: _____

School Principal's Name: _____

 School Principal's Signature (Required): _____

School Technology Coordinator: _____

School Technology Coordinator Signature: _____

In order to build capacity in your school and to create a collaborative team for this project, the IMPACT Project Management Team encourages you to develop a team of 2-3 from your school to all apply for participation in IMPACT.   Please list the names of additional teachers in your school who may also be applying for participation in this program:

_____   _____
_____   _____

Your Name: _____

Your Signature: _____

The application may be obtained online at: http://www.uni.edu/ietti/impact/about_impact/

Send completed applications to:
Doreen Hayek, IMPACT Project Director, UNI, 120 ITTC Bldg, Cedar Falls, IA 50614-0301
FAX # - 319-273-2917   Email: Doreen.hayek@uni.edu

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