

IOWA-Q 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):

(feel free to use the back side of the sheet to continue your answers)

(feel free to use the back side of the sheet to continue your answers)

- NAME: _____ SCHOOL DISTRICT: _____

IOWA-Q 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)
Word Processing (Word, Google Docs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheet (Excel, Google Sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Internet tools like Chat, Instant Messaging, Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create or Edit Web Pages/Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation software (ie., PowerPoint, Google Slides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphing Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio/Video Production & Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping Tools, GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video conferencing (ZOOM, Blackboard Collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Management Tools (ie., Blackboard, Google Classroom, Canvas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polling Software (Poll Everywhere)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile technologies (laptop, iPhone, iPad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webinar (Adobe Connect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create Forms for data collection (ie., Google forms, Survey Monkey, Qualtrics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other technologies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other technologies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other technologies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other technologies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please check each platform you work with regularly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Android	iOS	MS Windows	Macintosh	Chromebook

Please describe your level of experience with integrating technology into teaching & learning with your classes:

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 CSIP Coordinator: _____

School CSIP Coordinator Signature: _____

School Technology Coordinator: _____

School Technology Coordinator Signature: _____

Your Name: _____

Your Signature: _____

The application may be obtained online at: <http://ietti.uni.edu/iowaQ>

Send completed applications to:

Doreen Hayek, IOWA-Q Project Director, UNI, 120 ITTC Bldg, Cedar Falls, IA 50614-0301

FAX # - 319-273-2917

Email: Doreen.hayek@uni.edu