Would you like your very own classroom astronomer? Become a partner with Project ASTRO San Diego!

Please post or pass on!
Please mail or fax to: Dr. P. Blanco (Project ASTRO), SDSU Astronomy, San Diego, CA 92182-1221. Fax: (619) 594-1413.
The next Project ASTRO workshop will be at Reuben H. Fleet Science Center on a Saturday in January 2006. Participating teachers and astronomers are required to attend at least one workshop per year.

### Personal Information
- Name _____________________________
- Address ___________________________
- City ______________________________
- State ________  Zip ________________
- Home Phone _______________________
- E-mail ____________________________

### School/Organization Information
- Name ______________________________
- Address ___________________________
- City ______________________________
- State ________  Zip ________________
- Phone _____________________________
- Fax ______________________________

### SCHOOL/ORGANIZATION DEMOGRAPHICS
School type (please check all that apply):  
- ☐ public  ☐ private  ☐ parochial  ☐ rural  ☐ suburban  ☐ urban  ☐ youth group

### Teacher Background and Interests – Help us make a good match!

Please briefly describe your educational background, including any science-related studies.
______________________________________________________________________________
______________________________________________________________________________

Relevant teaching experiences (please include professional development activities, curriculum development, in-service activities, and collaborative projects):
______________________________________________________________________________
______________________________________________________________________________

Grades and subjects you will be teaching next year: ________________________________  
______________________________________________________________________________  Years of teaching experience _________

Have you had experience with classroom volunteers? ☐ yes ☐ no  
If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
### Astronomy-related Experience

Have you taught astronomy before? o yes o no
If so, for how long? ______________________

Please list any other astronomy or science activities in which you are involved.

______________________________________
______________________________________

When during the year do you plan to teach astronomy (approximate months)?

______________________________________

How would you rate your current knowledge of astronomy? (Please circle):

Limited.....1.....2.....3.....4.....5.....Extensive

How did you hear about Project ASTRO? ______________________

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### Working with Project ASTRO

Why are you interested in working with Project ASTRO?

______________________________________
______________________________________
______________________________________

How will you include astronomy in your curriculum in 2005-2006?

o as a unit o integrated during the year

o both o other ________________________

Do you have flexibility to teach astronomy at any time during the year? o yes o no

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**Astronomers and teachers are required to commit to at least 4 classroom visits per academic year. By signing this form, I certify that the above statements are true, and that I am able and willing to accommodate such visits during the 2005-2006 academic year.**

Signature ___________________________________________ Date ___________________

Administrator support leads to more successful partnerships. Please have the appropriate administrator in your school or district, or Executive Director, certify support for your participation in Project ASTRO by completing and signing below.

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**ADMINISTRATOR SUPPORT (Required)**

o I will support the participation of (applicant) __________________________________________ in Project ASTRO, and understand that a local astronomer will be visiting our school/organization.

o Our school/organization will contribute $ _____ ($35 recommended) from staff development funds to cover registration and materials for the 1-day workshop. **Note: No-one will be excluded because of lack of funds.**

*If your school/organization is able to contribute funds to the program, please make the check payable to SDSU Foundation (Project ASTRO), and submit with this application or bring it to the August workshop. Thank you.*

Signature _____________________________ Date______________ Phone (     ) ______________

Name (print) ________________________________ Title ________________________________

Address _______________________________ City _____________________ Zip _____________