

CHIP Teacher Application

MU Chemistry Immersion Program (CHIP) — July 9th – 21th, 2017

A complete CHIP application includes this form AND:

- *Favorite Lesson* – Provide one copy of your favorite lesson plan, activity, or project you have used with your students previously.
- *Letter of Recommendation* - Provide one letter of recommendation from a supervisor or colleague.

Application materials may be submitted by e-mail or regular mail. The letter of recommendation may be sent separately and must clearly identify the teacher applicant.

E-mail applications to the program coordinator at **chip@missouri.edu** with the subject line "CHIP Teacher Application – LAST NAME".

Applications will be accepted until all openings are filled. For full consideration, please submit all of your materials by **February 8th, 2017** to the mailing address below or to **chip@missouri.edu**.

Mailing address:

Chemistry Immersion Program
ATTN: Dr. Renee Jiji
125 Chemistry
University of Missouri
601 South College Avenue
Columbia, MO 65211

For additional information, eligibility requirements, and important dates:

<http://chip.missouri.edu>

CHIP Teacher Application

PERSONAL INFORMATION

Name: _____

School: _____

School Address: _____ City: _____ Zip: _____

Home Address: _____ City: _____ Zip: _____

School Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

of Years Teaching: _____ Current Grade Level: _____ # of Students Taught: _____

Highest Academic Degree: _____

Subject(s) Taught: _____

Certification Area(s) – indicate whether certified or provisionally certified:

PROFESSIONAL ORGANIZATIONS

Are you currently a member of Science Teachers of Missouri (STOM)? Yes No

Are you currently a member of the National Science Teachers Association (NSTA)? Yes No

ADDITIONAL INFORMATION

What is your preference for teaching during the second week? We will do our best to accommodate teacher preferences. (Choose only one.) Chemistry Biochemistry

Do you have regular access to the internet? Yes No

Do you have a Smart Board in your classroom? Yes No

Do you have laboratory technology available? Yes No

If yes, in how many labs per course do you use it? >75% 50 – 75% 25 – 49% <25%

T-Shirt Size: _____

DIETARY RESTRICTIONS/SPECIAL ACCOMODATIONS:

If you have any dietary restrictions and/or special accommodations, please list those below:

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PROFESSIONAL DEVELOPMENT BACKGROUND

List any science-related professional development activities you have engaged in during the past three years and provide a brief statement about how your teaching was impacted.

What do you see as your most pressing professional development needs in regard to science, and what do you hope to gain from your participation in CHIP?

SUPPLEMENTAL MATERIALS - SCIENCE LESSON PLAN

Along with your application, please submit a copy of one of your favorite science lesson plans, activities, or projects that you have used with your students previously. **Your application will not be considered complete until your lesson plan is received.**