Notice of Interest
2019 Mitchell Institute Physics Enhancement Program

Name______________________________________________________________

District and Campus _________________________________________________

Teaching Assignment: please circle all that apply (must include at least one section of physics for the 2019-2020 school year):

5 6 7 8 Bio Chem Physics Pre-AP/ AP Physics Principles of Technology
Advanced/Honors Physics

I am interested in participating in the 2019 Mitchell Institute Physics Enhancement Program:

Yes____No____

Please indicate the number of years that you have been teaching physics (including the upcoming 2019-2020 school year):

1____2____3____4____5____6+____

Please indicate the number of years that you have been teaching (including the upcoming 2019-2020 school year):

1-3 years_____4-6 years_____7-10 years_____more than 10 years_____

Please indicate the number of physics credit hours you received in college:

0____3____6____9____12____15+____

Please list your current teaching certification(s):

_________________________________________________________________

Please list your university(s), major(s), and college degree(s) obtained:

_________________________________________________________________
In the space below, or on a separate page, please write a brief summary about why you are interested in attending MIPEP:

I understand that my commitment will include:
- Full participation in the two-week resident training at Texas A&M University’s Mitchell Institute
- Providing classroom data as requested, should a physics assessment be developed for students
- Sharing favorite physics classroom activities and/or resources with other participating teachers
- Written commitment from myself and my administrator to teach at least one section of high school physics during the 2019-2020 school year

Contact Information:

Name: ____________________________________________

Home Address: ______________________________________

____________________________________________________

Home/Cell phone: _________________________________

Home e-mail address: __________________________________

School Address: ______________________________________

____________________________________________________

School phone: _________________________________________

School e-mail address: __________________________________

Signature_________________________________________ Date ______________

Return to:
Dr. Janie Head
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Simonton, TX. 77476

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