2019 Mitchell Institute Physics Enhancement Program

Date_______________________________________

Name of Participant_________________________________________________________

Gender (check one for purpose of room assignment) _____M _____F

School and District_________________________________________________________________

_____________________________________________________________________________________

Region ___________ Education Service Center

How did you hear about MIPEP?

_____________________________________________________________________________________

I agree to participate in the 2019 Physics Enhancement Program at Texas A&M University’s Mitchell Institute. I understand that my commitment will include:

• Participation in two weeks of training, June 9 – June 22, 2019.
• 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

This letter serves as a commitment from the participating teacher and his/her principal to fulfill the requirements of the program as listed above.

_____________________________________________________________________________________

Teacher’s signature

_____________________________________________________________________________________

Principal’s signature

Please email to:

Dr. Janie Head  
Email: mhead@lcisd.org  
Phone: 281-682-1123; text preferred

AND

Amanda Barreiro  
Email: amanda@physics.tamu.edu  
Phone: 979-458-9249