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: _______________________________

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

Signature __________________________________________ Date ________________