



2001–02 National Teacher Training Institute (NTTI)

Participant Application

Faxes NOT accepted.

Please TYPE all information.

Attach additional sheets if necessary.

Check One

- K–5 educator
- 6–8 educator
- 9–12 educator
- media specialist/librarian

Name _____

Position _____

Subject(s) _____

School _____

School Phone _____

School Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Home Phone _____

E-mail Address _____

How did you find out about the National Teacher Training Institute?

Describe your current use of video (if any) in the classroom.

Why are you interested in participating in the National Teacher Training Institute?

When teaching, do you provide hands-on learning experiences for your students? Explain.

Do you have access to a computer and modem? If yes, explain how you use the Internet to support your teaching.

Institute participants must have administrative support from their schools. Please have a principal or supervisor sign below to signify support for your participation in NTTI and your post-Institute implementation of training and video- and web-enhanced instruction.

The undersigned agree to help facilitate the integration of NTTI methods and materials, including supporting participant's training of colleagues and the allocation of a TV and VCR for classroom use.

Principal (or other supervisor) _____

Title _____

Date _____