

**TRAINING THE TRAINER ASSESSMENT INSTITUTE  
TEACHER APPLICATION  
SEPTEMBER 18-19, 2009  
(DEADLINE: AUGUST 15, 2009)**



*Please print neatly in ink.*

(Circle One): Dr. Miss Mrs. Ms. Mr. Gender:  Male  Female

Applicant's name: \_\_\_\_\_  
*First Middle Last*

Mailing address: \_\_\_\_\_  
*Number and street, box or route City, State, Zip*

Phone: \_\_\_\_\_ Primary E-mail : \_\_\_\_\_

School Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
*Number and street, box or route City, State, Zip*

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ District: \_\_\_\_\_

Grade(s) taught: \_\_\_\_\_ Subject(s) taught: \_\_\_\_\_

**\*\*Note: Due to limited space, you are encouraged to submit your completed application ASAP\*\***

**Mail of fax Application, Professional Goals Statement, Principal Agreement, & Teacher Agreement  
To: Sarah Summers  
MUW Center for Creative Learning  
1100 College St., MUW-1635  
Columbus, MS 39701  
Fax: (662)-329-7242**

**TEACHER AGREEMENT  
TRAINING THE TRAINER ASSESSMENT INSTITUTE  
SEPTEMBER 18-19, 2009**



This is to confirm that you will be attending the Training the Trainer Assessment Institute to be held at the MUW Center for Creative Learning, September 18-19, 2009:

**Each participant agrees to the following program requirements:**

- Attend the Training the Trainer Assessment Institute to be held on September 18-19, 2009 in its entirety.
- Request one day of professional leave time to attend the Friday session of the Training the Trainer Assessment Institute on September 18, 2009.
- Conduct at least one school-based professional development session on assessment during the 2009-2010 school year.

Other comments/suggestions: \_\_\_\_\_

\_\_\_\_\_

**Signing below indicates your agreement with the information detailed above.**

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

**PRINCIPAL AGREEMENT TO SUPPORT  
TRAINING THE TRAINER ASSESSMENT INSTITUTE  
SEPTEMBER 18-19, 2009**



The following teacher has my support to participate in the Training the Trainer Assessment Institute September 18-19, 2009:

**Teacher Name:** \_\_\_\_\_

The above teacher has my recommendation and support to participate in ALL of the following Best Practices Institute activities:

- Training the Trainer Assessment Institute to be held on September 18-19, 2009 on the campus of Mississippi University for Women.
- Allow participant one day of professional leave time to attend the Friday session of the Training the Trainer Assessment Institute on September 18, 2009.
- Allow participant to conduct at least one school-based professional development session on assessment during the 2009-2010 school year.

Other comments/suggestions: \_\_\_\_\_

\_\_\_\_\_  
**By signing this form, I am assuring that the teacher specified above will be employed at my school for the 2009-2010 school year and that the above named teacher has my support to participate fully in the Training the Trainer Assessment Institute.**

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

