

THINK HISTORY: 2006-2007 Application

Advancing the Teaching of Traditional American History in Southeastern Ohio

Name: _____

School: _____

Home Address: _____

County: _____ Phone: _____

Email: _____

School Name: _____

School Address: _____

County: _____ Phone: _____

School District: _____

Number of History teachers currently in your building: _____

Average number of students you teach in a year: _____

Please list all post-secondary degrees (BA, MA, PhD), including subject area, that you have earned.

Teaching Licenses/Certificates: _____

Please list the subject you have professionally taught and the number of year teaching each.

Subjects taught

No. of Years

Can you provide classroom-level data on student testing?

Yes

No

Are you willing to allow a project evaluator to enter your classroom on two occasions?

Yes

No

****** Please note that any information collected by the Pacific Institute for Research & Evaluation is strictly for the purpose of evaluating THINK History's design and effectiveness. Evaluative information will be presented in the aggregate and no individual information will be made available without the consent of that individual.**

Would you rate your technology skills as (circle one):

none

beginner

average

advanced

What area of American history is of special interest to you? Explain.

Name a book you have read relating to American history that you would recommend to other teachers. Explain.

Please explain why you would like to be selected this year to participate in *THINK History*.

Please have your principal sign this application and send or fax it by **October 2, 2006** to:

Jody Blankenship, Project Director
THINK HISTORY
Ohio Historical Society
1982 Velma Avenue, Columbus, OH 43211
jblankenship@ohiohistory.org
Phone: (614) 297-2535, FAX: (614) 297-2546

Applicant Signature

Date

Principal Signature

Date