



Project Probase 2005 Professional Development Symposium Application

Please type or print the requested information

I. PERSONAL INFORMATION

Name:

Last

First

Middle

Home Address:

Street

City

State

Zip Code

Home Phone:

Email address:

Website Address: http://

Approximate one way distance in miles from your home to Illinois State University campus:

II. COLLEGE/UNIVERSITY COURSE WORK

List educational experience:

College/University

Degree Earned

Year

III. EXPERIENCE

List relevant work experience related to teacher professional development:

Number of years of teaching experience: Grade level(s): Subjects:

Number of years of professional development experience:

Describe your most recent experience with professional development. Who was the audience?

Describe three characteristics necessary for a successful professional development guide.

Describe any experiences you have with local, state, or national curriculum development activities:

Describe professional organizations in which you are currently active:

Describe any presentations given at professional workshops/conferences during the past two years:

How familiar are you with a constructivist approach to curriculum? Design/Problem solving?

Signature of Applicant

Date

Return application by March 30, 2005 to:

Project Probase
220 North Main Street, MC 1600
Illinois State University
Normal, IL 61790-1600
Telephone: (309) 438-3939
Facsimile: (309) 438-3211