



**National Jewish Health's Summer Research Program for  
High School Educators  
2012 - 2013 Application**

Date of application:

Name:

Social security #:

Home address:

Personal telephone number:

What are the best times to reach you at this number?

E-mail address:

Highest degree earned:

Undergraduate major(s):

If offered a Fellowship in the Summer Research Program, what areas of research would be of interest to you?

(If not sure, please write "not sure at this time")

School name:

School address:

School telephone number:

Public school district:

Total number of years teaching at the K-12 level:

Number of years teaching middle school science:

Number of years teaching high school science:

Number of years at current school:

School Principal:

Principal's telephone number:

Asst. Principal/Head of Science Dept.:

Telephone number:



The following questions are designed to assist us in tracking the demographics of the students of teachers who participate in the Summer Research Program. They are reported in our applications for funding so please be accurate.

Colorado Student Assessment Program (CSAP) percentages for students at or above proficiency at your school:

	Science	Math	Reading	Writing
9 <sup>th</sup> grade				
10 <sup>th</sup> grade				

What percentage of students at your school are eligible for reduced or free lunch?

What are the percentages of students in your school by ethnicity?

Hispanic:

African-American:

Asian:

White:

Other:

What are the numbers of students you are currently teaching by ethnicity?

Hispanic:

African-American:

Asian:

White:

Other:

What are the numbers of students you are currently teaching by sex?

Male:

Female:

Check each item that is applicable to your school:

- Public       High School       Coed  
 Private       Charter       Boys Only  
 Parochial       Girls Only

Grades in school:

(Check all that apply) 8<sup>th</sup>[ ] 9<sup>th</sup>[ ] 10<sup>th</sup>[ ] 11<sup>th</sup>[ ] 12<sup>th</sup>[ ] Other:



School certification Status:

Number of students in school:

List the courses and grade levels you are teaching currently:  
(Please insert rows if needed)

Course name	# of classes	Grade level	Is lab included?	Registered size of class

Please check the box to confirm that you teach at least one basic, high school biology course (not honors, AP, special topics, etc.) per year. [ ]

Is there another teacher in your school who teaches general biology at the same grade level?

How did you learn about the Summer Research Program?

Have you applied previously to or participated in a summer research program?

Have you ever worked or volunteered in a research or industrial laboratory?  
(Please provide dates, places and two sentences about the work you performed).



**Please take as much space as you need to answer the following questions:**

What strengths do you bring to teaching?

Please describe one of your proudest accomplishments as a teacher.

How do you think your participation in this program will enhance your ability to motivate students to learn science?

What do you hope to gain by participating in this program?



List undergraduate and graduate (college level) science and math courses completed:  
 (Please insert rows as needed)

Course name	Date completed	Where was the course taken	Was there a lab	Graduate or undergraduate

Please provide other information you feel is pertinent:  
 (i.e.: experience in curriculum development, publications, advisor to students' clubs, development of special programs, science fair projects, etc. Please use as much space as you need).

Please mark the boxes below to indicate your understanding of and agreement with each statement:

I have every intention of continuing my career as an in-service high school science teacher.  
 I agree.

If offered a Fellowship in National Jewish Health's Summer Research Program for High School Educators (SuRP), I agree to participate in the program in each summer of 2012 and 2013.  
 I agree.

I will be teaching general high school biology in the Denver metropolitan area during the academic years 2012-13 and 2013-14.  
 I agree.



If offered a Fellowship for SuRP, I agree to provide information on student assessment for the 2010-2011 through the 2015-2016 school years. I will provide the project coordinator with my students' de-identified CSAP (or other state and/or district) scores for the years indicated. I will facilitate transfer of the same information for students taking general biology with another teacher in the school. I will facilitate the extraction of specific, de-identified data.

I agree.

If offered a Fellowship for SuRP, I agree to submit completed, experiment-based lesson plans related to SuRP activities at the end of each summer (2012 and 2013). This plan may be 1) posted on the world-wide web for the use of other teachers, 2) used as a demonstration lesson for SuRP, 3) used as part of the program assessment, and/or 4) used in funding applications.

I agree.

If offered a Fellowship for SuRP, I agree to submit a completed abstract and poster for the Partners in Science conference by the end of the summer.

I agree.

If offered a Fellowship for SuRP, I agree to attend the Partners in Science conference in San Diego, CA in January 2013 and 2014.

I agree.

For your application to be considered complete, please submit this form with the following documents:

- Two letters of recommendation
- Letter of support from your principal
- Completed checklist from your principal
- C.V.
- Copy of Teaching certification or license

*Please send correspondence to:*

National Jewish Health  
Attn: Kara Lukin  
1400 Jackson Street K516  
Denver, CO 80206

If you have questions concerning the Summer Research Program or your application, please contact Dr. Kara Lukin at 303-398-1329 or by e-mail: [lukink@njhealth.org](mailto:lukink@njhealth.org)



**National Jewish Health’s Summer Research Program for High School  
Educators  
Principal’s checklist**

The applicant can provide you with a detailed summary of National Jewish Health’s Summer Research Program for High School Educators (SuRP). This program offers professional development for the applicant as well as funds and personnel to support inquiry-based experiments in the applicant’s classroom.

School name:  
School address:  
School telephone number:  
Public school district:

School Principal:  
Principal’s telephone number:  
Principal’s e-mail address:

Please check the boxes to signify your agreement with the statements.

\_\_\_\_\_ (applicant’s name) currently teaches at least one general high school biology course.

I agree.

In supporting \_\_\_\_\_ (applicant’s name)’s participation in National Jewish Health’s Summer Research Program for High School Educators (SuRP), I agree to release de-identified CSAP (or CSAP replacement exam) scores for the applicant’s students and those of another general biology teacher’s students for the scholastic year prior to her/his participation, for the two years of participation and for 4 years following participation in the program. This information will be used only by the program director to assess the impact of the program on student performance.

I agree.

In supporting \_\_\_\_\_ (applicant’s name)’s participation in SuRP, I agree that s/he will continue to teach at least one class of general high school biology for the next 3 years.

I agree.



In supporting \_\_\_\_\_ (applicant's name)'s participation in SuRP, I understand that s/he is required to attend the Partners in Science meeting in San Diego, CA in January 2012 and 2013. I understand that s/he will miss one Friday of work to attend this meeting in each year. The appropriate arrangements will be made to accommodate this.  
[ ] I agree.

Thank you very much for supporting your teacher in this invigorating opportunity for professional development. Our experience demonstrates it will have a significant impact on your educator and his or her students. Please provide the date and sign on the line below.

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If you have any questions about National Jewish Health's Summer Research Program for High School Educators or this form, please contact Dr. Kara Lukin ([lukink@njhealth.org](mailto:lukink@njhealth.org) or 303-398-1329).