



NJ GEAR UP State Project
REQUEST FOR PROFESSIONAL DEVELOPMENT
ACADEMIC YEAR 2010-2011

Date: _____ / _____ / _____
 Name of Principal: _____
 Name of School: _____
 Phone: _____ Fax: _____ Email: _____
 Name of Secondary Contact Person: _____ Title: _____
 Phone: _____ Email: _____

Any teacher at your school interested in attending a training session can participate regardless of the grade level they teach or their involvement in the NJ GEAR UP program. We encourage all teachers to participate.

RESPONSIBILITIES

GEAR UP:

- Identifies presenter and makes arrangements for on-site or district training based on the school's choice of topics
- Covers the cost for training
- Provides professional development hours to participants (provider # 4706)

School:

- Provides a room for the session
- Identifies time slot when training will occur (e.g., in-service day, 2-hour after-school or during-school sessions)
- Provides equipment (e.g., overhead projector, TV/VCR, LCD projector if available)
- Ensures that at least **ten** teachers attend **each** training event scheduled at the school

TRAINING NEEDS

Training Topics for Teachers: Please select and rank your top 3 training choices.

- _____ Applying core curriculum content standards in the classroom
- _____ Curriculum development (please describe below)
- _____ GEPA Preparation
- _____ Innovative strategies in teaching Science/Math/Technology (i.e., prealgebra for 7th graders, Chemistry for 11th graders)
- _____ HSPA Preparation
- _____ PSAT/SAT Preparation
- _____ Literacy and Language Arts
- _____ Cooperative Learning
- _____ Learning Styles/Effective Teaching Strategies
- _____ *Other: _____

**If you would like for us to provide a specific presenter please provide their name and contact information in this area.*

Please provide a description of the audience and their training needs (e.g., number of teachers participating, grade levels participating, experience level of teachers for each topic)

TRAINING SCHEDULE

Please provide several dates and times during AY 2008-2009 when you wish us to schedule your professional development sessions. Please indicate which dates are district-wide

- 1) Date(s): _____ Time(s): From: _____ To: _____ district-wide
- 2) Date(s): _____ Time(s): From: _____ To: _____ district-wide
- 3) Date(s): _____ Time(s): From: _____ To: _____ district-wide
- 4) Date(s): _____ Time(s): From: _____ To: _____ district-wide

Please e-mail, mail or fax this request at least three weeks before the first training to:

Kilpatry Cuesta, NJ GEAR UP State Project
3 Inman Lane, Burlington, NJ 08016
KilpatryCuesta@comcast.net, (609) 638-4401, Fax (609) 292-7225