



2010-2011
APPLICATION FOR PARTICIPATION IN THE
MOBILE TECHNOLOGY PROGRAM
New Hires

Name of Faculty Member: _____

Learning Community: _____

Academic Department(s): _____

Please describe your most recent experience of integration of technology into the classroom.

How would you use a laptop or Tablet PC to improve the quality of instruction in your classroom?

What support (*professional development or other programs*) do you think you will need to effectively integrate technology into your classroom?

There will be a limited number of Tablet PCs available for the 2010-2011 school year. Preference will be given to technology innovators and teachers of Upper School students. (All Upper School families purchase a Tablet PC to be used as part of the curriculum.) If you are interested in being issued a Tablet PC instead of a laptop, please explain how tablet technology would be better for you in terms of enhancing classroom instruction or increasing your proficiency as an educator.

*Participation in the Mobile Technology Program requires voluntary participation in a professional development program of 60 total hours. You are to meet this requirement within a time span of two years. Please note, however, a minimum of one hour of professional development each month (September – May) is required until you satisfy your obligation. Thirty hours of professional development each year for two years is the goal. This time is considered to be outside the school day, and professional development opportunities will vary depending on the individual and her/his needs. Please use the space below to describe your level of commitment in terms of participating in technology professional development. **If you are unable to commit to the professional development, do not submit an application.***

*If you agree to the commitment of time, and would like to be considered for this Program, please sign below and hand this form to Dino Vandenheede by **August 24, 2010.***

Faculty Member's Signature _____ Date _____

FOR OFFICE USE ONLY

Application received on _____

Endorsement of **Learning Community Leader** _____

Priority as seen by **Learning Community Leader** for the 10-11 school year:

Low *Medium* *High*

Level of classroom technology integration as seen by **Learning Community Leader**:

Novice *Intermediate* *Advanced* *Innovator*

Endorsement of **Academic Technology Director** _____

Any additional comments by **School Leadership Team** personnel: _____

Acceptance for participation in Mobile Technology Program:

Yes, Laptop. *Yes, Tablet PC.* *No.* *Deferred.*

Bridget Bearss, RSCJ, *Head of School*