



WeatherNet Teacher Academy Application

Return this form to:

Diana Dell
2-5 Metropolitan Court
Gaithersburg, MD 20878

Fax: 1-301-258-5210

Personal Information:

Name _____

School Name _____

School Address _____

School Phone _____

Home Address _____

Home Phone _____

Email Address _____

Classroom Information:

Grade Level(s) _____

Subjects Taught _____

Class Size _____

Numbers of classes per day _____

Type of School:

Grade Levels _____

Urban/Suburban/Rural _____

Private/Public _____

Professional Awards:

Please list other professional awards you have received.

WeatherNet Classroom (WNC) Project Information:

Please answer fully the following questions. Please do not use more than 1 page per question.

1. How does WNC enhance your classroom environment?
2. How do you integrate WNC into your existing curriculum?
3. How do you employ WNC in an effort to meet national, state and district standards?
4. Describe a classroom project using WNC that engaged your students' interest with significant results in student achievement.
5. Describe a school-wide project or activity that you initiated or participated in using WNC.
6. Attach a lesson in WNC format that can be used in the classroom.

Personal Interest in the WeatherNet Teacher Academy:

Describe your reasons for wanting to be a member of the WeatherNet Teacher Academy.

Signature _____
Date _____

Teacher's Agreement:

I have read and completed the application for the WeatherNet Teacher Academy in its entirety and agree to the following:

1. To maintain an active membership in the Academy for a period of 3 years.
2. To provide WeatherNet reference information to schools that inquire either directly or through WeatherNet.
3. To attend a 2-day summer meeting in the WeatherNet offices in Gaithersburg, MD as guests of WeatherNet.
4. To develop 2 interactive lessons per year that will be included in the lesson body on WNC.
5. To take part in assessment and development activities throughout the year as agreed to in the summer meetings.

Signature _____

Date _____

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