

**This application is completed only after the following 6 items have been submitted:**

1. an application - see attached,
2. a resume,
3. a recommendation form - see attached, from your principal (secondary school only) or department head (community college only),
4. a 2nd recommendation form from another appropriate school administrator or teacher leader,
5. a letter of recommendation from your principal (secondary school only) or department head

(community college only), and

1. a supplemental letter of recommendation from another appropriate school administrator or teacher leader.

All **6 documents** are due by **Wednesday, January 25th, 2019.**

**See the directions below:**

1. Submit the **application** (below) to Lora Buchanan at Buchanll@ucmail.uc.edu. Title the email subject: **Your Name\_RET-Application-Documents\_2018** Save Your Application file name as **Your Name\_RET-Application\_2018**
2. Also include an updated **resume** saved as: **Your Name\_RET\_Resume\_2018**
3. Also include the following documents (see attached.) - **Two Recommendation Forms** (see below). One form is from the Principal (secondary school only) and/or Department Head (community college only) and a 2nd one is from anot her a ppropr iate school adm inistrator or t eacher “le ader .” These forms can be emailed to Lora Buchanan at Buchanll@ucmail.uc.edu. by the recommender directly. A hand-

filled form which is scanned and saved as a PDF document is acceptable to be emailed also. Please use the title **Applicant’s name - RET-Recommendations** in the email. They can be emailed with the Letters of Recommendation (see below) from each recommender directly.

1. Also include two **Letters of Recommendation** (see attached.) Provide a letter of recommendation from your principal (secondary school only) or department head (community college only) supporting the Post-RET implementation. Another (supplemental) letter of recommendation is required from another

 appro priat e schoo l a dm inistrator or te acher “lead er .” Both letters must provide *name, affiliation, and contact information and* be signed, scanned and emailed to Lora Buchanan at Buchanll@ucmail.uc.edu. Please use the title **Applicants name – RET Recommendations** in the email. They can also be emailed together with the Recommendation Form from each recommender.

The preferred method is to scan and email as PDF documents. However, if the reviewer does not have access to a scanner, the forms can be mailed to:

Lora Buchanan

RET 2019 Grant Coordinator University of Cincinnati

P.O. Box 210076 Cincinnati, OH 45221-0076


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<https://www.ceas3.uc.edu/ret/archive/2019/ret/>

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# NSF Summer Research Experience for Teachers (RET)

**“Engineering Design Challenges and Research Experiences for Secondary and Community College Teachers”**

**Principal (secondary school only) / Department Head (community college only) Recommendation Form for RET Applicant**

**All documents including the Recommendation Form and the Letter of Recommendation from the Principal (secondary school only) / Department Head (community college only) are due by Wednesday, January 25th, 2019.**

Your candid assessment of the applicant named will greatly assist the selection committee. Your recommendation will be used to help determine whether the candidate will be selected and receive the financial benefits of the Research Experience for Teachers (RET) summer program.

Please complete the **Recommendation Form** on the following pages. In addition to the completed form, we would appreciate a **Letter of Recommendation** from you concerning the applicant’s scholarship, personality, character, professional promise and an assessment of the applicant’s strengths and weaknesses. The letter from the School Principal (secondary school only) or Department Head (community college only) must provide *name, affiliation, and contact information* and should be signed, scanned and emailed as a PDF document to Lora Buchanan at Buchanll@ucmail.uc.edu.

After completing the both the **Recommendation Form** and the **Letter of Recommendation,**

please scan and email them both to Lora Buchanan at Buchanll@ucmail.uc.edu. Please title the email subject: “**Applicant’s Last Name – RET Recommendations**”

Although the preferred method is to email the documents, if you do not have access to a scanner or computer you may mail the **Recommendation Form** and the **Letter of Recommendation** to the address below. Please place the documents in an envelope and sign it across the seal before mailing.

Lora Buchanan

RET 2019 Grant Coordinator

(Dr. Margaret. Kupferle Lead RET PI) University of Cincinnati

P.O. Box 210076 Cincinnati, OH 45221-0076

Work email: Buchanll@ucmail.uc.edu.

**Principal (secondary school only) and/or Department Head (community college**

**only) Recommendation Form**

# 2019 NSF Summer Research Experience for Teachers To Be Completed by the RET Applicant:

Name of Applicant: Last First Middle

School: Address, City, State, & Zip: Telephone: Email:

Course in which the RET Unit will be taught in the 2018-19 Academic Year:

# To Be Completed by the School Principal (secondary school only) and/or Department Head (community college only):

* 1. **What is the current job title and classification of the applicant: tenure track, adjunct, regular full-time, regular part-time, temporary full-time, temporary part-time or other (describe)?**
	2. **If the applicant is hired on a contract, what are the start and end dates of the contract?**
	3. **Will the above job remain the same during the 2019-2020 Academic Year or change, and if it will change give its classification?**
	4. **In a short statement, using the space below, please confirm that the teacher will be assigned the course, indicated (above) in his/her RET application, to teach during the 2019- 2020 Academic Year during which the RET experience will be implemented.**
	5. **Using the space below, please describe what types of support will be available from your school or institution to make instructional/curricular changes that the applicant may want to implement as a result of this professional development experience?**

Using the chart below, please rate the applicant relative to other employees whom you have known in a similar capacity. If additional space is needed, or if you would like to add any other comments, please use an additional blank page.

# To Be Completed by the School Principal (secondary school only) and/or Department Head (community college only):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not observed** | **Weak** | **Fair** | **Good** | **Excellent** | **Outstanding** |
| **Ability to analyze a problem and formulate a solution** |  |  |  |  |  |  |
| **Ability to initiate instructional change** |  |  |  |  |  |  |
| **Ability to work cooperatively with others** |  |  |  |  |  |  |
| **Communication skills (oral and written)** |  |  |  |  |  |  |
| **Emotional maturity** |  |  |  |  |  |  |
| **Evidence of creativity and imagination** |  |  |  |  |  |  |
| **Evidence of personal character and ethics** |  |  |  |  |  |  |
| **Experimental ability** |  |  |  |  |  |  |
| **Follow-through and commitment** |  |  |  |  |  |  |
| **Leadership exhibited within the school** |  |  |  |  |  |  |
| **Overall self-confidence** |  |  |  |  |  |  |
| **Motivation to succeed in the summer RET program** |  |  |  |  |  |  |
| **Potential for RET to impact teaching performance** |  |  |  |  |  |  |

**Signature**: **Date**:

**Name (please type or print)**

**Title**:

**School/Institution**:

**Number and Street Name**

**City, State, and Zip Code**

**Telephone**

**E-mail**



**NSF Summer Research Experience for Teachers**

**“Engineering Design Challenges and Research Experiences for Secondary and Community College Teacher”**

**Administrative Leader or Teacher “Leader” Recommendation Form for RET Applicant**

**To Be Completed by another Administrative Leader or Teacher “Leader.” All documents including the Recommendation Form and the Letter of Recommendation from the Administrative Leader or Teacher “Leader” are due by Friday, January 25th, 2019.**

Your candid assessment of the applicant named will greatly assist the selection committee. Your recommendation will be used to help determine whether the candidate will be selected and receive the financial benefits of the Research Experience for Teachers (RET) 2019 summer program.

Please complete the **Recommendation Form** on the following page. In addition to the completed form, we would appreciate a **Letter of Recommendation** from you concerning the applicant’s scholarship, personality, character and professional promise and an assessment of the applicant’s strengths and weaknesses. The letter from the Administrative Leader or Teacher “Leader” must provide *name, affiliation, and contact information* and should be signed, scanned and emailed as a PDF document to Lora Buchanan at Buchanll@ucmail.uc.edu.

After completing the both the **Recommendation Form** and the **Letter of Recommendation,**

please scan and email them both to Lora Buchanan at Buchanll@ucmail.uc.edu. Please title the email subject: “**Applicant’s Last Name – RET Recommendations**”

Although the preferred method is to email the documents, if you do not have access to a scanner or computer you may mail the **Recommendation Form** and the **Letter of Recommendation** to the address below. Please place the documents in an envelope and sign it across the seal before mailing.

Lora Buchanan

RET 2019 Grant Coordinator

(Dr. Margaret Kupferle Lead RET PI) University of Cincinnati

P.O. Box 210076 Cincinnati, OH 45221-0076

Work email: Buchanll@ucmail.uc.edu.

**Administrative Leader or Teacher “Leader” Recommendation Form**

# 2019 NSF Summer Research Experience for Teachers To Be Completed by the RET Applicant:

Name of Applicant:

School:

(Last) (First ) (Middle)

Address, City, State, & Zip:

Telephone: Email:

Using the chart below, please rate the applicant relative to other employees whom you have known in a similar capacity. If additional space is needed, or if you would like to add any other comments, please use an additional blank page.

# To Be Completed by the Administrative Leader or Teacher “Leader”:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not observed** | **Weak** | **Fair** | **Good** | **Excellent** | **Outstanding** |
| **Ability to analyze a problem and formulate a solution** |  |  |  |  |  |  |
| **Ability to initiate instructional change** |  |  |  |  |  |  |
| **Ability to work cooperatively with others** |  |  |  |  |  |  |
| **Communication skills (oral and written)** |  |  |  |  |  |  |
| **Emotional maturity** |  |  |  |  |  |  |
| **Evidence of creativity and imagination** |  |  |  |  |  |  |
| **Evidence of personal character and ethics** |  |  |  |  |  |  |
| **Experimental ability** |  |  |  |  |  |  |
| **Follow-through and commitmen** |  |  |  |  |  |  |
| **Leadership exhibited within the school** |  |  |  |  |  |  |
| **Overall self-confidence** |  |  |  |  |  |  |
| **Motivation to succeed in the summer RET program** |  |  |  |  |  |  |
| **Potential for RET to impact teaching performance** |  |  |  |  |  |  |

**Name (type or print) Signature**:

**Date Title**: **School**:

**Number and Street Name**

**City, State, and Zip Code**

**Telephone E-mail**