



Computing in Secondary Schools (CISS)

Fellow Registration Form AY 2016-17 Cohort

Name (printed): _____

School: _____ District _____

E-mail: _____ Phone _____

Current Teaching License/Credential Held:

Courses you currently teach at your school:

As a participant in the CSEd Ohio Summer Institute as a CISS Fellow, I agree to:

- Participate in a Summer Institute for two weeks at CSU
Dates: June 13-17 and July 25-29, 2016
- Attend and present at a day long sessions at CSU through the academic year (date to be announced)
- Participate as needed in weekly support Google Hangouts throughout the academic year
- Receive online support throughout the academic year as a member of the Computer Science Learning Commons
- Complete on-line course during summer
- Complete all evaluation activities and give all student assessments
- Teach CS Principles in 2016-2017

Participant Signature: _____ Date: _____

Principal's Statement

By signing this document, I acknowledge that:

- The *Computer Science Principles* class will be offered at the above mentioned school in 2016-17
- The teacher listed above will teach the CS Principles course in my school.
- The teacher will be released for one day during the academic year to attend a meeting at CSU.

Principal's Name (printed) _____

Principal's Signature _____ Date: _____

Please fax the completed form to Renee Overton at 216-687-5379 or e-mail scanned copy to ciss@csuohio.edu.