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.