

## Lehman College, CUNY

### Mathematics Teacher Transformation Institutes (MTTI)

Funded by the National Science Foundation and Lehman College, CUNY

<http://comet.lehman.cuny.edu/mtti>

### TEACHER/COACH APPLICATION

Application Deadline: April 26, 2010

#### Eligibility Requirements

- NYS Certification in Mathematics;
- Currently teaching in Bronx Middle or High School;
- At least three years of teaching experience;
- A master's degree.

#### Application Requirements

In addition to this completed application form you must provide:

- A copy of your resumé;
- A copy of your undergraduate **AND** graduate transcripts (student copies or photo copies acceptable);
- The Principal's Commitment form, included, completed by your principal;
- A 250 word statement indicating why you want to be part of the MTTI program (typed).

#### Participants will have the opportunity to earn

- 24 post-masters graduate credits over three years
- \$12,000 in stipends over the three years of involvement
- Lehman College Certificate for mathematics specialists
- All tuition, fees and stipends funded by the grant.

#### Mail the completed application with all of the materials noted above to:

MTTI Program, Institute for Literacy Studies  
Director, Carl Curiale  
Lehman College, CUNY  
250 Bedford Park Blvd. West  
Bronx, NY 10468-1589

For further information contact Carl Curiale, Director of the MTTI program at [MTTIDirector@aol.com](mailto:MTTIDirector@aol.com) . Also, you are welcome to attend the MTTI Annual Conference on Saturday, March 20, 2010 at Lehman College. To register for the conference contact [Rosalyn.Krakowsky@lehman.cuny.edu](mailto:Rosalyn.Krakowsky@lehman.cuny.edu) .

For a writable PDF copy of this application see <http://comet.lehman.cuny.edu/mtti>

**Lehman College, CUNY**  
**Mathematics Teacher Transformation Institutes (MTTI)**  
Funded by the National Science Foundation and Lehman College, CUNY  
<http://comet.lehman.cuny.edu/mtti>  
**TEACHER/COACH APPLICATION**  
**Application Deadline: April 26, 2010**

(Please print or type all information)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone/Cell phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

School #/Name/Campus: \_\_\_\_\_

School Street Address/City, State, Zip: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Level of Current Teaching Position:  Middle School  High School

Permanently Certified in Mathematics (check one):  Yes  No

Type of certification (check one):  Initial  Professional  Provisional  Permanent

Date of NYS Certification: \_\_\_\_\_

Other State Certifications held: \_\_\_\_\_

NYC licenses you hold: \_\_\_\_\_

Highest Graduate Degree received: \_\_\_\_\_ Type of Degree \_\_\_\_\_

College/University from which you received your Graduate Degree: \_\_\_\_\_

Date of Degree: \_\_\_\_\_

College/University from which you received your Undergraduate Degree: \_\_\_\_\_

Date of Degree: \_\_\_\_\_ Overall GPA \_\_\_\_\_ Major: \_\_\_\_\_ GPA in your major: \_\_\_\_\_

Name: \_\_\_\_\_

**TELL US ABOUT YOUR TEACHING**

Currently Teaching Mathematics (check one):

- Yes, full time
- Yes, part time. Other assignment \_\_\_\_\_
- No. Other assignment \_\_\_\_\_

Indicate Grade Levels (check all that apply):     5    6    7    8    9    10    11    12

Middle school teachers – will your students be taking the integrated Algebra Regents in June 2010?    Yes    No

High school teachers – please indicate courses you are currently teaching (check all that apply):

- Integrated Algebra    Geometry    Algebra2 & Trigonometry    SAT prep    SAT II prep    Pre-calculus
- AB Calculus    BC Calculus    Statistics    AP Statistics    Other \_\_\_\_\_

Will any of your students be taking a math regents in June 2010?                     Yes                     No

Indicate math programs, text books and technology you use in teaching: \_\_\_\_\_

\_\_\_\_\_

I have used the following forms of alternate assessment (Please check all that apply.)

<input type="checkbox"/> Performance based	<input type="checkbox"/> Portfolio
<input type="checkbox"/> Cooperative group assessment	<input type="checkbox"/> Extended Projects
<input type="checkbox"/> Oral presentations	<input type="checkbox"/> Interviews

Please check all appropriate activities below:

<input type="checkbox"/> I team teach with a colleague	<input type="checkbox"/> I give demonstration lessons
<input type="checkbox"/> I intervisit with a colleague	<input type="checkbox"/> I give workshops on school time
<input type="checkbox"/> I give workshops after school	<input type="checkbox"/> I have presented at math conferences
<input type="checkbox"/> I have attended math conferences	<input type="checkbox"/> I use cooperative learning often
<input type="checkbox"/> I use math journals in class	<input type="checkbox"/> I use projects/extended tasks

Have you had an opportunity to have a leadership role in your school?     Yes                     No

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Please indicate your level of interest in the following MTTI components.

	Least important	Somewhat important	Important	Most important
Leadership Development				
Mathematics Content				
Classroom Inquiry				
Other				

*Attach a 250 word statement indicating why you want to be part of the MTTI program.*

**PLEASE READ the following and sign and date**

### COMMITMENTS

Participating teachers/coaches engage in a three-year program of graduate mathematics content courses, classroom inquiry and leadership development. The courses will meet once a week during fall and spring semesters and for three intensive weeks during July at Lehman College. There will also be monthly group meetings of the participants with the MTTI director at Lehman College, after the school day. The participants will engage in professional development and classroom inquiry at their schools, and attend annual one-day conferences at Lehman College.

Upon acceptance to the MTTI program, I agree to participate in all program components.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### Further Information

Carl Curiale, Director, MTTI Program

Telephone: 718-960-7811

Email: [MTTIdirector@aol.com](mailto:MTTIdirector@aol.com)