

Application
2009 Governor's Institute for Early Childhood Educators
Keystone College
July 26-31, 2009

The registration form must be completed by the individual applicant. Please type or clearly print all information. Return the application by email (mary.kern@keystone.edu), by fax (570-945-8487) or by mail to: Keystone College, Attention: Mary Kern, One College Green, La Plume, PA 18440

"Strengthening the Achievement of Young Learners through Data Driven Decision Making" is the title of this year's Early Childhood GI. During the weeklong Governor's Institutes, early childhood practitioners will learn how to effectively observe the interactions of students, record these observations, gather information in other ways, analyze and interpret the collected data and use the data to develop effective lessons and monitor the progress of the young children they serve. Participants will be reminded of the linkage among Child Development, Curriculum, Standards, and Assessment.

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone: _____

Pager Number: _____

Home Email: _____

Place of Employment: _____

Current Position: _____

Work Address: _____

City, State, Zip: _____

Work Phone: _____

Work Email: _____

1. Why do you wish to participate in the Early Childhood Governor's Institute?

2. Have you ever attended an Early Childhood Governor`s Institute?

Yes No

If yes, how many years have you attended an Institute?

1 year 2 years 3 years 4 or more years

3. In which of the following programs are you involved?

Pre K Counts Head Start STARS
School District Licensed Private Nursery School
Other (please indicate) _____

4. If you are involved with the STARS program, at what STARS level is your site?

STAR 1 STAR 2 STAR 3 STAR 4

5. With which age/grade level of children do you work?

Birth to 1 year Ages 1 to 3 Ages 3 to 5 Ages 5-12

6. In which setting do you work with children?

ECE center Pre-K Counts Program Head Start Early Intervention
Kindergarten Grade One Grade Two Grade Three

7. Are additional individuals attending the Governor`s Institute as your team members?

Yes No

If yes, list names:

(These individuals must register separately and use the same entity name.)

8. Indicate the name of the administrator on your team: _____

9. Do you understand that this is a residential weeklong Institute?

Yes No

10. Do you understand that you will be residing in a college dormitory as part of a team and housed

with a (team) roommate?

Yes No

11. Do you understand that single room preference is generally not an option for residency at this Institute?

Yes No

12. If you are accepted, do you agree to participate according to these guidelines?

Yes No

13. Do you understand that to receive two college credit hours the following requirements must be fulfilled?

- Mandatory attendance and participation at all the events during the weeklong Institute
- A completed and submitted Action Plan at the close of the Institute
- Two follow-up Action Plans submitted by due dates of November and April

Yes No

14. If accepted, do you agree to abide by these guidelines?

Yes No

15. If this Institute becomes fully enrolled, would you be interested in attending another Early Childhood Governor's Institute?

Yes No

16. If yes, indicate the site you are interested in attending

Juniata College (July 13-18, 2009)

St. Vincent College (June 29 – July 3, 2009)

17. How do you plan to share the information gained at this Governor's Institute?

I will share the information with staff at my work site.

I will share information with families at family meetings.

I will share the information at schools in my district.

I will share the information with my legislators.

Other (please indicate) _____