



TEENS TAKE HEART
High School Science Teacher Institute
Application
July 12-July 23, 2010



KEEP THIS INFORMATION PAGE FOR YOUR REFERENCE

The Hope Heart Institute in partnership with Seattle University will host a ten day institute for high school science teachers to work with research scientists and health professionals to develop a science curriculum. The goal of the curriculum is to use science to motivate students to make heart healthy lifestyle choices and expose students to science-related careers. The lessons will be structured to prepare students to meet Washington State Science Standards.

At the institute, teachers will gain insight into how cutting edge research performed by scientists at Seattle University and affiliated with the Hope impacts cardiovascular disease and future treatments. They will also work with health professionals to learn the intricacies of the cardiovascular system, its interrelatedness with other systems of the body, and current treatment and clinical research available to patients. In an era of increasing obesity rates for children and teens and thus increasing risk factors for future cardiovascular and other diseases, the Hope's strategy is to design hands on science-based lessons to empower students to make the best lifestyle choices for them and their potential future families.

After completing the 10-day institute, participants receive

- 6 Seattle University continuing education credits. Teachers must attend all ten days and complete all homework assignments in order to receive credits.
- A binder of resources, support material and newly developed curricula
- Access to experts
- Use of a kit of materials to teach all lessons in their classroom

Teachers serving schools with high diversity and/or a high percentage of students accessing free or reduced lunch programs are particularly encouraged to apply.

Institute Contact

Please contact Christine Wieland (425) 456-8741 or e-mail cwieland@hopeheart.org

Application DEADLINE: April 9, 2010

Notifications of acceptance/denial will be emailed by April 16, 2010

Return of Completed Application to:

Mail: Teens Take Heart
Christine Wieland
1380-112th Ave NE, Suite 200
Bellevue, WA 98004

Fax: 425-456-8701 (you may need to add a 9 and/or 1 before the fax number, depending on your location)

or e-mail: cwieland@hopeheart.org

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Please return the following 3 pages:

Name _____

Home:

Address _____

Phone (_____) _____ - _____

email Address _____

School

District _____

Name _____

Address _____

County _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

email Address _____

Is email a good way to reach you this summer? Yes _____ No _____

If so, school or home? (please circle choice)

Certification Area (Endorsements) _____

Current Course Taught _____

Grades _____

Student Population-Please list the percentage of your school population for each category.

_____ Native American/Alaska Native _____ Asian American

_____ African American _____ Caucasian

_____ Hispanic/Latino _____ Free or reduced Breakfast/Lunch

_____ Male _____ Female

Teaching Experience- Please list most current position first. Dates in years only.

School District/Other	Dates (Years)	Grades/Subjects Taught

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EDUCATION BACKGROUND- Please list most recent institution first. Dates in years only.

Institution	Dates	Area of Study

Professional Development- Please list science related professional development you have participated in over the past three years. Dates in years only.

Course/Program	Institution/ Sponsor	Dates

Other Applicable Experience- please share any other appropriate experience you may have such as work on teams, lesson creation or adaptation for your student population, experience in non-traditional educational setting, etc.

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Part of Teens Take Heart program's purpose is to collect meaningful data regarding the impact of the program's curriculum to report to potential funders on the effectiveness of the program and the positive influence in the classroom. To best evaluate the curriculum, we ask that teachers agree to complete the ten-day institute and the required homework, to commit to piloting the newly created lessons in the classroom, and we ask teachers and students to complete anonymous and voluntary pre- and post-surveys.

Workshop Commitment (Principal Signature required):

If accepted to the Teens Take Heart Summer Teacher Institute, I agree to attend all ten days of the institute, complete all required homework and pilot the Teen Take Heart materials in my classroom during the 2010-2011 school year.

Teacher Signature _____ Date _____

I support the application of _____ for the Hope Heart Institute's **Teens Take Heart Summer Teacher Institute** summer 2010 and related program commitments for the 2010-2011 school year.

Principal's Signature _____ Date _____

Hope Heart Institute Model Release Form

I hereby grant permission to The Hope Heart Institute (HHI) and their representatives to take photographs or videos of me. I give HHI permission to use these images and recordings as well as my likeness as follows:

- The use may include reproduction, distribution, modification, display and performance.
- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation, newspapers, television, radio, the internet and the World Wide Web.
- The use may be for any purpose throughout the world and in perpetuity, including without limitation, education, research, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses and that HHI exclusively owns all rights to the images. I waive the right to inspect or approve uses of the images or of any written copy. I hereby release HHI, its representatives and employees from any claims that may arise from the uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding.

HHI is not obligated to utilize any of the rights granted under this agreement.

If accepted to the 2010 Teens Take Heart Summer Teacher Institute, I agree to all of the *Participant Expectations* listed above and to the guidelines in the Model Release Form. This agreement expresses the complete understanding of the parties.

Full Name (Please print.)			
Signature			
Address	City	State	ZIP
Telephone number	Today's Date	Time	