2018 STEM Teacher Leadership Program at Georgia Tech
Signature Page

Name: _____

School: _____

School System: _____

Teacher Applicant:
- I have completed all sections of the STEM Teacher Leadership Program (STLP) application and give my permission for you to contact reference, if needed.
- I have read through the program information on the website and I understand what is expected of me if selected. I also understand that I may be subject to additional requirements which may include a criminal background check and/or drug/alcohol screening.
- If accepted to the STEM Teacher Leadership Program, I will commit myself full-time and will not undertake any conflicting duties.
- I expect to teach a middle or high school computer science course in the school year following the STLP summer training. I understand that I may be observed by a CEISMC representative during the 2018-2019 school year for the purpose of data collection regarding the effectiveness of the STEM Teacher Leadership Program.

Signature: _____   Date: _____

Print Name: _____

School Leadership:
- I am aware that this teacher has applied for The STEM Teacher Leadership Program (STLP) and I support this application.
- I understand that a primary goal of STLP is to close gaps in computer science teaching and learning through productive teacher professional development. If this teacher is accepted, I agree to reinforce their efforts and to support their participation.
- I will strongly encourage in-school efforts to share STLP lessons and experiences with students in the classroom, and with teacher peers.
- I will support the implementation of the student STEM Challenge.

Signature: _____   Date: _____
                     (Principal)

Print Name: _____

Signature: _____   Date: _____
                     (School Administrator)