



The C.L. Ivey Center
College of Education and Health Professions
Teacher Training Application
Implementing CAH Into Your Lesson Plans
4 November 2017

Send completed form electronically to: culturalapproach@columbusstate.edu. For each teacher training session, please fill out a separate application. All fields are required and must be typed or completed legibly in either blue or black ink. This event will be held at Columbus State University Riverpark Campus in Frank Brown Hall, from 8:30am-3:30pm. Participants will receive light refreshments, lunch, and a \$75 stipend. Application window opens 24 July 2017 and closes 5 September 2017. ****Minimum prerequisite:** Completed application and principal recommendation

1) Personal Information	
Full Name:	
Email:	
Address:	
Phone:	
School:	
Subjects and Grades you Teach:	
Congressional District of School:	
Number of previously attended Field Seminars: Please list:	
Number of previously attended Summer Seminars: Please list:	
Number of previously attended Teacher Training Seminars: Please list:	
2) Emergency Contact Information	
Name:	
Address:	
Relationship:	Phone:

I authorize the Ivey Center to contact the person listed above in the event of an emergency. All of the information I have provided is up to date and complete. I understand that failure to provide emergency contact information may impair the Ivey Center's ability to respond to an emergency involving myself.



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3) Principal Reference Form

Please have your principal fill out this form and return directly to: culturalapproach@columbusstate.edu

1. Principal Name:

2. School:

3. Teacher's Full Name:

4. How long have you known the teacher?

⁵ How will the teacher benefit from attending the Implementing CAH Into Your Lesson Plans Workshop? Please explain.

⁶ Do you have confidence that the teacher's interpersonal skills will allow him/her to successfully work and collaborate with others? Are there any personality traits that might serve the teacher favorably or unfavorably? Please explain.

⁷ Please select one of the following:

___ Highly recommend ___ Recommend ___ Recommend with reservations ___ Do not recommend

⁸ If you selected recommend with reservations or do not recommend, please explain:

⁹ . Signature:	Date: