



DELAWARE WRITING PROJECT

2011 SUMMER INSTITUTE APPLICATION

Due March 1, 2011

Part A: Please print all three parts of this application and fax or mail to the address below.

Name _____

Home Address: _____

Home City/State/ZIP: _____

Home Phone: _____ FAX: _____

Email Address: _____

Check ONE Level:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Community School | <input type="checkbox"/> University |

School District: _____

Current Grade Level: _____ Current Teaching Field: _____

School Name: _____

School Street Address: _____

School City/State/ZIP: _____

Type of Credential: _____

Number of years you have taught: _____

Are you taking the DWP Summer Institute as a requirement for the M.Ed. program?



Part B: REQUIRED WRITTEN RESPONSE

Please respond to these tasks on a separate paper and include the responses with your application:

1. Describe briefly your experiences as a writing teacher
2. Describe briefly your philosophy of the teaching of writing. What theories and/or research have been influential in the development of your philosophy?
3. Discuss what you personally hope to gain by participating in the Summer Institute.
4. What areas in the teaching of writing do you want to learn about? Why?
5. Describe your experience making presentations to teachers. Describe your colleagues' response to your presentations. What are your feelings about sharing your knowledge with others in the field?



Part C: REQUIRED ADMINISTRATIVE RECOMMENDATION

Please print this form and mail or fax to the address below:

Applicant's Name: _____ Grade Level of Applicant: _____

- 1. One a scale of 1-5 (5 being the highest), how would you rate this applicant as a teacher of writing? _____
Comments: _____

- 2. Is this a teacher to whom you would send other teachers for assistance with writing instructional practices? Yes No Maybe

If your response is no or maybe, please provide a sentence or two justifying your rating.

- 3. Is this a teacher you would invite to share knowledge of the teaching of writing with a group of teachers? Yes No Maybe

If your response is no or maybe, please provide a sentence or two justifying your rating.

- 4. How strong is your recommendation of this teacher as a potential Summer Institute Participant and representative of your school and district?

- Highly recommend Recommend
- Recommend with reservation Do not recommend

Additional comments:

School and District of Applicant: _____

(Name of Administrator)

(Signature of Administrator)

Submit this **application form** with your **written responses** AND **Administrator's recommendation** (page 3) by March 1, 2011 to:
 Delaware Reading & Writing Project, University of Delaware
 200 Academy Street, Newark, DE 19716
 FAX: 302-831-2708 Phone: 302-831-0722