

Mathematics Modeling and Reasoning Pilot Program

2019-2020 Application

DISTRICT/BUILDING INFORMATION

IRN:

County:

District Name:

District Address:

Superintendent/Building Leader:

Who should the Ohio Department of Education contact with questions regarding the application? This person also will receive the official decision notice.

Name:

Phone:

Email Address:

SUBMISSION INFORMATION

How many sections in your school/district do you plan on piloting?

Do you currently have a high school transition/quantitative reasoning course in place? If so, describe.

What technology is available at your school?

Why do you want your school/district to be a part of this pilot? (To be completed by the administrator.)

Name of Pilot Teacher(s):

Describe the credentials of the piloting teacher(s).

Why do you want to teach this pilot? (To be completed by at least one of the piloting teachers.)

I give permission for _____ School/District to fully participate in the Mathematics Modeling and Reasoning Pilot.

(Local Superintendent/Building Administrator)

Date

(Local School Board President or District Treasurer)

Date

(Professional Staff Bargaining Unit Leader)

Date

For Department Use Only

Notes:

Date received: _____

Piloting selection: _____