

**Educational Technology Leadership Institute Application Form**  
**February 4-5, 1999**  
**The Michigan State University College of Education - Office of Outreach**

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Please print or type the following information:

School District Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please List your District Team Leaders (limited to 3 individuals)

Curriculum Leader \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Technology Leader \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Principal Leader \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(May bring a second principal for an additional \$150.00)

Do you have a technology plan? \_\_\_\_\_ If so, what is the last revision date? \_\_\_\_\_

Has it been approved by the school board? \_\_\_\_\_ If so, date approved by the school board? \_\_\_\_\_

Do you have a district school improvement plan? \_\_\_\_\_ If so, what is the last revision date? \_\_\_\_\_

Has it been approved by the school board? \_\_\_\_\_ If so, date approved by the school board? \_\_\_\_\_

Please describe the extent to which your curriculum and technology are integrated in your school district.

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How would you rate your district in its technology planning and implementation? (Circle One)

1. We haven't really started yet.
2. We are just getting started with our planning.
3. We have the plan written but need to start implementation.
4. We have started implementation of the technology plan.
5. We have are making good progress with implementation but need to more closely align our curriculum and technology planning.
6. We have fully integrated our curriculum and technology.

**A check payable to Michigan State University in the amount of \$150.00 for a team of three (additional \$150.00 for a second principal) is due upon acceptance.**

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**Return completed form no later than January 14, 1999 to:**

**Robin Brower, MSU College of Education**  
**514C Erickson Hall, East Lansing, MI 48824**  
**E-Mail: [browerr@pilot.msu.edu](mailto:browerr@pilot.msu.edu)**  
**Phone: (517) 353-8950**  
**Fax: (517) 353-6393**

## Participant Information

Curriculum Leader \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_

Gender \_\_\_\_\_ Other special needs? \_\_\_\_\_

Will you share a room with someone on your team? \_\_\_\_\_ Who: \_\_\_\_\_

Technology Leader \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_

Gender \_\_\_\_\_ Other special needs? \_\_\_\_\_

Will you share a room with someone on your team? \_\_\_\_\_ Who: \_\_\_\_\_

Principal Leader #1 \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_

Gender \_\_\_\_\_ Other special needs? \_\_\_\_\_

Will you share a room with someone on your team? \_\_\_\_\_ Who: \_\_\_\_\_

Principal Leader #2 \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_

Gender \_\_\_\_\_ Other special needs? \_\_\_\_\_

Will you share a room with someone on your team? \_\_\_\_\_ Who: \_\_\_\_\_

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