

CMIS Space Grant Precollege Form

February 1, 2005 – January 31, 2006

University : _____

PROJECT NAME: _____

Contact Person: _____

Phone Number () _____

Street _____

City _____ State CA Zip Code _____

Name of sponsor(s) of project if other than affiliate:

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Location of Project Activities:

<input type="checkbox"/> Nasa Center(s)	<input type="checkbox"/> Museum/Planetarium(s)
<input type="checkbox"/> University Campus(es)	<input type="checkbox"/> Industry or Private sector Facilities
<input type="checkbox"/> Elementary/Middle/High School	<input type="checkbox"/> Other
<input type="checkbox"/> Community Facilities	

Project Status: Circle ONE	<input type="checkbox"/> Developing	<input type="checkbox"/> Newly Implemented	<input type="checkbox"/> Continuing	<input type="checkbox"/> Ending
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End date of Project: _____

Please provide a brief description of the project:

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Are evaluation mechanisms in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Describe Evaluation Methodology:

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Primary Discipline:	
(Education, Aerospace, Mechanical Engineering, etc.)	

Other Name of Discipline:	
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Secondary Discipline:	
(Education, Aerospace, Mechanical Engineering, etc.)	

Other Name of Discipline:	
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PLEASE TURN OVER FOR REMAINING SECTIONS

Funding and Collaboration Information

Actual Sources of Funding for this reporting period (include cash or non cash). Enter number only:

	CASH (\$)	Non Cash (\$)	TOTAL (\$)
NASA Space Grant			
Other Federal			
Carry over			
Industry			
Lead Institution			
Non Profit Organization			
Academic Affiliates			
State/Local Government			
Participants			
Other			
Totals			
Actual Cost of Project for this reporting period (or contribution if supplement)			
Balance/Difference HAS TO BALANCE OUT TO ZERO			

Please provide reason if no project costs and funding sources listed

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Collaborative efforts: (mark all that apply):

<input type="checkbox"/>	In Same Department	<input type="checkbox"/>	Community College	<input type="checkbox"/>	Non Profit Organizations	<input type="checkbox"/>	Community Partnership
<input type="checkbox"/>	Other Departments in same Institution	<input type="checkbox"/>	K-12 Institution	<input type="checkbox"/>	Underrepresented Organizations	<input type="checkbox"/>	
<input type="checkbox"/>	Other Institution of Higher Education	<input type="checkbox"/>	Teacher Resource Centers	<input type="checkbox"/>	Industry	<input type="checkbox"/>	

Give name of business and type of industry and describe collaboration:

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NASA Installations(s):

<input type="checkbox"/>	Ames Research Center	<input type="checkbox"/>	Johnson Space Center	<input type="checkbox"/>	Marshall Space Flight Center
<input type="checkbox"/>	Dryden Flight Research Center	<input type="checkbox"/>	Kennedy Space Center	<input type="checkbox"/>	Stennis Space Center
<input type="checkbox"/>	Goddard Space Flight Center	<input type="checkbox"/>	Langley Research Center	<input type="checkbox"/>	Wallops
<input type="checkbox"/>	Jet Propulsion Laboratory	<input type="checkbox"/>	Glenn Research Center at Lewis Field	<input type="checkbox"/>	NASA Headquarters

NASA Installation Collaboration:

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CMIS Precollege - Continued

NASA Enterprises (mark all that apply):

<input type="checkbox"/>	Human Exploration and the Development of Space	<input type="checkbox"/>	Earth Science
<input type="checkbox"/>	Office of Aero-space Technology	<input type="checkbox"/>	Space Science

List type of Collaboration:

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Other Space Grant Programs. Please Specify. (List Consortium and name of program):

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Other Federal Government. Please Specify (List Agency name):

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Other State Agencies. Please Specify:

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Other Collaborations(s). Please Specify:

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Additional Collaboration Information. Please Specify:

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Activity and Participant Information

Scheduling Mark all that apply:

<input type="checkbox"/>	School Year	<input type="checkbox"/>	Summer	<input type="checkbox"/>	During School	<input type="checkbox"/>	After School	<input type="checkbox"/>	Weekend
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Activity and Participant Information

Activities (mark all that apply):

<input type="checkbox"/>	Conference	<input type="checkbox"/>	Science Fair/Exhibit	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Academic Program	<input type="checkbox"/>	Other
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This project was designed to promote:

	Increase Awareness	Expand Knowledge / Skills	Improve Teaching Methods
Students (choose one):			
Teachers (choose one):			

Components (mark all that apply):

<input type="checkbox"/>	Book	<input type="checkbox"/>	Course Outline	<input type="checkbox"/>	Course Revision
<input type="checkbox"/>	Demonstration	<input type="checkbox"/>	Field Trip	<input type="checkbox"/>	Hands-on
<input type="checkbox"/>	Lab Tour	<input type="checkbox"/>	Lab	<input type="checkbox"/>	Lesson Plan
<input type="checkbox"/>	Mentors	<input type="checkbox"/>	Other Components	<input type="checkbox"/>	Problem Sets
<input type="checkbox"/>	Research	<input type="checkbox"/>	Role models for underrepresented groups	<input type="checkbox"/>	Software
<input type="checkbox"/>	Teacher's Manual	<input type="checkbox"/>	Video	<input type="checkbox"/>	Wall Sheets

PLEASE TURN OVER FOR REMAINING SECTION

Are any kind of recruitment and/or retention strategies for members of underrepresented groups in place? If so, please describe:

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Number of Teachers:

	Male not Underrepresented. or disabled	Male Underrepresented	Female not Underrepresented or disabled	Female Underrepresented	Unknown Race/Gender
Grades K-4					
Grades 5-8					
Grades 9-12					

Number of Students:

	Male not Underrepresented. or disabled	Male Underrepresented	Female not Underrepresented or disabled	Female Underrepresented	Unknown Race/Gender
Grades K-4					
Grades 5-8					
Grades 9-12					

Number of Parents _____

Number of Administrators: _____

Are any kind of recruitment and/or retention strategies for members of underrepresented groups in place? If so, please describe:

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Did the project exclusively target underrepresented minority and persons with disabilities? If above question checked, mark the group(s) targeted:

African American	Native American	Hispanic	Pacific Islander	Persons with Disabilities
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With respect to underrepresented groups, note the level of project participation as Below, At, or Exceeding the population represented in your state:

	Below	At	Exceeding
African American			
Hispanic			
Pacific-Islander			
Native American			
Persons with Disabilities			

Was support provided for any of the following standards?(mark all that apply):

<input type="checkbox"/>	National Mathematics Standards	<input type="checkbox"/>	National Science Standards	<input type="checkbox"/>	National Geography Standards
<input type="checkbox"/>	National Technology Standards	<input type="checkbox"/>	State Frameworks	<input type="checkbox"/>	Local Frameworks
<input type="checkbox"/>	Other				

Overall Comments:

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