

Statement of Intent

HOTS Program for _____ School
 in _____ School District

Software, tradebooks, support & HOTS 5 day Socratic training & curriculum for Primary HOTS Teacher

- Five day Socratic training for 1 teacher
- Complete two year curriculum
- HOTS National Newsletter, parent involvement booklet
- Support: e mail, 800#, Web site
- Complete tradebook set
- Complete software

Workshop	Individual Apprenticeship
\$6,800*	\$7,300*
\$1,900*	\$2,100*

HOTS 5 day Socratic training & curriculum for Additional or Replacement Teacher

- Five day Socratic training for 1 teacher
- Complete two year curriculum
- HOTS National Newsletter, parent involvement booklet
- Support: e mail, 800#, Web site

**Does not include teacher's travel expenses if necessary.
 Discount available for out of state travel.*

Signatures

- **Signature of each person indicates that he/she completely understands the HOTS Program and the commitment necessary to properly implement the program.**
- **The undersigned understand these fees and the hardware and software necessary to properly implement the HOTS program and agree to make arrangements for the payment of appropriate fees for each school and teacher registered.**
- **Cancellations with less than two weeks will result in a \$200 charge per teacher. Schools that do not cancel by the Friday before the workshop will be billed for the entire amount.**
- **Purchase Orders and checks should issued to Thinking With Computers.**
- **Please fax this registration packet to 520-795-8837 or mail to PO Box 42620 Tucson, AZ 85733.**

Principal _____

HOTS Teacher 1 _____

HOTS Teacher 2 _____

HOTS Teacher 3 _____

HOTS Teacher 4 _____

HOTS School Site Registration Packet

Please type or print clearly and fax all pages to HOTS at 520-795-8837.

Full Name of HOTS Project school: _____

Full Name of School Principal: _____

School Address: _____ School Phone: (____) _____

_____ School Fax: (____) _____

_____ E-mail Contact: _____

Is this school **currently** a HOTS site (circle one)? YES NO

If yes, check ONE:

The teacher is a replacement for: _____

Full Name of District: _____

Full Name of District HOTS Coordinator: _____

District Address: _____ Coordinator Phone: (____) _____

_____ District Phone: (____) _____

_____ District Fax: (____) _____

Name of District/School Billing Contact: _____

Billing Address: _____ Billing Phone: (____) _____

_____ Billing Fax: (____) _____

Type of Operating System to be used in the HOTS lab (circle one)

Mac: System 7 8 9 OSX

-or-

IBM/Clone: Win95 98 NT XP

HOTS office use only

Site/date _____

Type R A

Tchr Psn1 P A R _____

Tchr Psn3 P A R _____

Tchr Psn4 P A R _____

Tchr Psn4 P A R _____

St Pop I LD G O

Gr HOTS K 1 2 3 4 5 6 7 8

Gr sch K 1 2 3 4 5 6 7 8 9+

Total # St _____

HOTS Teacher Training Registration *(from the same school)*

Teacher 1

Full Name of Teacher: _____

Home Address: _____

Home Phone: (____) _____

E-mail Address _____

Teacher 2

Full Name of Teacher: _____

Home Address: _____

Home Phone: (____) _____

E-mail Address _____

Teacher 3

Full Name of Teacher: _____

Home Address: _____

Home Phone: (____) _____

E-mail Address: _____

Teacher 4

Full Name of Teacher: _____

Home Address: _____

Home Phone: (____) _____

E-mail Address: _____

Scheduling HOTS of classes

Days per week for each class

Teacher 1 Teacher 2 Teacher 3 Teacher 4

_____ _____ _____ _____

Number of students per group

_____ _____ _____ _____

Length of class period

_____ _____ _____ _____

Number of classes per day

_____ _____ _____ _____

Grade level(s) of students

_____ _____ _____ _____

To be used as an after school program? yes no

Total grade range included at the school: _____
 (e.g. K-3, K-6, 6-8, etc.)

Student population(s) being served in HOTS:

Title I LD Gifted Other: _____