

# Application

2003-2004 Cryptography Field Test Teachers

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

2. Setting:  Classroom  Afterschool  Museum  Other \_\_\_\_\_

3. Home Address \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

4. Name of school or other setting \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Description of School/Program

5.  Coed  All boys  All girls

6.  Suburban  Urban  Public  Private

7. Please describe your students: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are computers available to your students? \_\_\_\_\_ If so, how many per classroom? \_\_\_\_\_

Is the internet available to your students? \_\_\_\_\_

9. Do you expect to teach the module at one time or distributed throughout the year? \_\_\_\_\_

\_\_\_\_\_ When during the year do you expect to teach the class? \_\_\_\_\_

10. Number of years teaching experience \_\_\_\_\_

11. Please write a description of why you would like to pilot this material. (Please use the backside of this form or attach a letter.)