

AWB Eclipse Education Application

Application Information Page 1

* 1. First Name:

* 2. Last Name:

* 3. School or Organization:

4. Your position or relationship (volunteer, etc.) with this Organization:

* 5. Street Address:

* 6. City:

* 7. State:

* 8. Zip (XXXXX-YYYY):

* 9. Email:

10. Alternate Email (optional):

* 11. I am a:

Teacher

School administrator

Librarian

Museum Professional

Afterschool Provider

Amateur Astronomer

Scout Leader

Planetarium Staff

Other Group Leader (please specify)

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1. How did you hear about this program?

- NSTA
- Co-worker or friend
- AWB website/social media
- Newspaper or magazine article
- Postcard
- STAR science education program
- Night Sky Network
- Project Astro
- Museum Alliance
- NISEnet
- STAR_Net community
- NASA Eclipse Website
- GreatAmerican Eclipse Website
- Other (please specify)

* 2. Number of people I might use this program with:

Number of People

K (In School)	<input type="text"/>
1 (In School)	<input type="text"/>
2 (In School)	<input type="text"/>
3 (In School)	<input type="text"/>
4 (In School)	<input type="text"/>
5 (In School)	<input type="text"/>
6 (In School)	<input type="text"/>
7 (In School)	<input type="text"/>
8 (In School)	<input type="text"/>
9 (In School)	<input type="text"/>
10 (In School)	<input type="text"/>
11 (In School)	<input type="text"/>
12 (In School)	<input type="text"/>
Kids ages 0-5 (Out of School)	<input type="text"/>
Kids ages 6-10 (Out of School)	<input type="text"/>
Kids ages 11-13 (Out of School)	<input type="text"/>
Kids ages 13-18 (Out of School)	<input type="text"/>
Families (Out of School)	<input type="text"/>
Afterschool Groups	<input type="text"/>
General Public	<input type="text"/>
Other	<input type="text"/>

Other (please specify)

* 3. Briefly describe the program that you intend to use these materials with (5th grade science lab, weekly after school club, whole school event, etc):

* 4. What percentage of students in your school or service area receive free or reduced lunch (1-100)?

* 5. Will schools in your service area be in session on August 21, 2017?

- Yes
- No
- Both (some are in session, some are out)
- I don't know

* 6. What months do you anticipate that your program will operate? (Check all that apply)

- June 2017
- July 2017
- August 2017
- September 2017
- October 2017
- November 2017
- December 2017
- Other (please specify)

* 7. Would you like support creating personalized peer-to-peer fundraising to cover group materials costs?

- Yes
- No

* 8. Would you like to be considered to see if you are eligible to receive a free set of spectrosopes for your participants?

- Yes, please consider me to receive free spectrosopes for my participants
- No, I am not interested in being considered for free spectrosopes

* 9. With respect to your participation in this program, which of the following statements about lessons aligned to Next Generation Science Standards most applies to your situation?

- I am required to use them
- I prefer to use them
- I can make my own modifications for my standards requirements, so they are not required.
- Lessons I use do not need to address standards, so they are not required
- Don't know

10. What other resources (if any) will you use to prepare for the eclipse?

* 11. Have you identified materials or programs besides this one to use with your audiences to continue learning about the Sun after the eclipse?

- Yes
- No

12. If yes, what resources do you plan to use to continue learning with your audiences about the Sun after the eclipse?

* 13. Is this the first time you are participating in an Astronomers Without Borders program?

- Yes
- No

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Pre- Program Questionnaire Consent

Purpose of Program Evaluation:

As part of our evaluation of the effectiveness of this program, we are measuring the impact that program participation has on your knowledge and skills in space science, attitudes towards and confidence in science teaching and your perceptions about effects on your participants. The information will be collected through surveys and the results will help to determine changes and adjustments that will better serve the participants in future programs.

What will be done:

As a program leader, you will have an opportunity to provide feedback for us on the Astronomers Without Borders Building on the Eclipse Education Program in the following ways:

- o A questionnaire will be completed as part of this application process. This survey will take 5-10 minutes to complete. It includes items that ask about knowledge and skills in space science, attitudes towards and confidence in science teaching.
- o The End of Program Report survey will be offered to report specifics about program logistics, attitudes about the support offered during the session by the Astronomers Without Borders Staff, as well as feedback and suggestions on the educator instructional support components of the program. This is an electronic survey that will take 15-20 minutes to fill out.

Benefits of this Study:

Completing all of the above components makes your program participants eligible to participate in the culminating virtual event. After we have finished data collection, we also will provide you with more detailed information about the purposes of the study and the research findings.

Risks or discomforts:

No risks or discomforts are anticipated from taking part in this study. If you feel uncomfortable with a question, you can skip that question or withdraw from the questionnaire altogether.

Confidentiality:

Your responses will be kept completely confidential. Only the facilitator(s) of the program will see individual survey responses.

Decision to quit at any time:

Your participation is voluntary; you are free to withdraw your participation from this program at any time. If you do not want to continue, you can simply not sign the form or not participate in the program.

How the findings will be used:

The results of the study will be used for both scholarly purposes, such as presentations in educational settings and professional conferences, and to inform stakeholders of program outcomes. Because we will ask you about a number of different aspects of your activity and content knowledge, it is likely that we will use your data to address multiple questions regarding inquiry-based strategies and teaching space science content. The data will be presented only in aggregate analysis and no personally identifying information will be shared.

Contact information:

If you have concerns or questions about this evaluation, please contact Mike Simmons, Astronomers Without Borders mikes@astronomerswithoutborders.org.

* 1. By clicking the "I agree" button below and participating in the program, you acknowledge that you have read the information above and agree to participate in this program, with the knowledge that you are free to withdraw your participation at any time without penalty.

I agree

I do not agree. Please withdraw my application.

Pre-Program Questionnaire

* 1. I'd like educational resources for:

- Use with a total or partial solar eclipse,
- Studying the sun beyond eclipse events
- Both

* 2. My participants are most likely to:

- View a total solar eclipse locally
- Travel to view a total solar eclipse
- View a partial eclipse locally
- Not view the eclipse
- Don't know

* 3. Please tell us how much you agree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I like to do STEM activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel capable of doing STEM activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing STEM activities is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel knowledgeable about the solar eclipse, solar science and spectroscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident teaching about the solar eclipse, solar science and spectroscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to quality activities to help me teach about the solar eclipse, solar science and spectroscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to tools that help me to teach about the solar eclipse, solar science and spectroscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Please tell us how much you agree with the following statements about PARTICIPANTS IN YOUR PROGRAM.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
They express that they LIKE doing STEM activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They express that they are ABLE to do STEM activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They express that doing STEM activities is IMPORTANT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They will be inspired to engage in learning more STEM after watching the eclipse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Teacher Information

* 1. Grade(s) Taught:

K

1

2

3

4

5

6

7

8

9

10

11

12

After School or other Out of School Time Program

Other (please specify)

* 2. Topics you presently teach:

Earth and Space Science

Life Science

Physical Science

Language Arts

Mathematics

Engineering/Technology

Social Studies

History

Other (please specify)

Amateur Information

* 1. If you represent an amateur astronomy club (not entered above,) enter club name here.

* 2. Are you already partnered with a local group of students, kids or families?

Yes

No

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Amateur Partner Information

* 1. Please enter the name of your partner group:

* 2. Partner Organization Street Address:

* 3. Partner Organization City:

* 4. Partner Organization State:

* 5. Zip: (XXXXX-YYYY)

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Amateur- Group Matching

* 1. Are you interested in being matched with a(nother) group to support?

Yes

No

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Other Solar Resources

1. What resources do you plan to use with your audiences to continue learning about the Sun after the eclipse?