



Collegial Inquiry Application

1. Group information (please supply for each person taking part in the team):

Name	position	school	e-mail address

There must be at least one administrator listed above.

2. Contact information

Name _____

Position _____

Contact's School/district address _____

Contact's work phone & fax _____

Contact's work e-mail _____

3. Topics must directly impact student learning. What topic(s) do you propose to be the focus of your Collegial Inquiry group for the three-year project? How was your topic determined? If your topic is yet to be determined, how will it be determined?

4. District support is crucial for this three-year project. How will your district (and school if applicable) support the team and its work?

5. How were team members identified? (i.e. they were volunteers, identified based on the topic of your inquiry, or identified because of experience with collaborative work?) If they have not yet been identified, how will they be identified?

6. Please attach a signed declaration of intent to participate from each team member listed above. Include the following in each declaration: name, reason(s) why they would like to participate, any experience with or enthusiasm for other collaboration with colleagues. This declaration must include the statement " I understand that this is a three-year commitment."

7. Include a completed signature page, with original signatures from both the district's Superintendent and teacher Union President for the project.

Applications are due to the Teacher Center at the close of the business day on April 30, 2008. Team applications will be reviewed by the Collegial Inquiry Committee. Select teams will be contacted for an interview. Grants will be awarded based on committee review of the application and the interview. All applicants will be notified of the final outcome.



Collegial Inquiry Signature Page

The team contact completes the first two items on this form and includes it in the copy of the application sent to the district's Superintendent and the Teacher Union President.

Title of Project: _____

Name of contact: _____

District and school/department: _____

I have received a copy of this Collegial Inquiry Project Proposal.

Superintendent's Signature:

Date: _____

I have received a copy of this Collegial Inquiry Project Proposal:

Teacher Union President's Signature:

Date: _____

***Return signed form to: Suffolk's Edge Teacher Center
31 Lee Avenue,
Wheatley Heights, NY 11798***

No faxed forms will be accepted. Original signatures must be provided.

Both signatures need not be on the same page. You may copy this page as needed.

Due date: by 3:45 PM on April 30, 2008.

Collegial Inquiry Group Interview Rubric

Trait	Rating: 1-4*	Comments
Evidence of respect among team members		
Evidence of some “passion” and/or interest in collegial inquiry		
Willingness to commit to long-term project		
Evidence of understanding or previous experience with sharing work and thinking with others		
Evidence of willingness to ask questions to improve own learning and admit uncertainty		
Evidence of willingness to take on responsibility and new roles		
Willingness to accept feedback		
Recognize value of sharing and learning from each other		
Recognize value of revising work/practice		
Evidence of voluntary participation in project		

*1 indicates the least evidence of the trait; 4 indicates the highest evidence of the trait.