Bedroom Design Project
Spring 2009 Teacher Information

Name: _____

School Address: _____

Email Address: _____

Preferred Contact #: _____ Is this (H) (W) or (C) _____

Years of Teaching Experience: _____

What is the area of your certification: _____

Which math concepts (in particular pre-algebra and algebra) do your students struggle with the most? (Indicate the grade level of these students.)

Have you ever worked collaboratively with the math teachers at your school before? If so, please describe.

Class Information

Name of Class: _____

Grade: ☐ Grade 6   ☐ Grade 7   ☐ Grade 8

Day class meets and length (e.g. every day for 40 minutes): _____

Approximate number of students in class: _____

Academic level of class:

☐ Very low   ☐ Low   ☐ Average   ☐ Above Average   ☐ High   ☐ I Don't Know

Approximately how many minutes of direct math instruction do you provide your students each week during your technology class? (Please check a box)

Less than 30 minutes	30 minutes to 60 minutes	60 minutes to 90 minutes	90 to 120 minutes	Over 120 minutes

How easy or difficult do you believe it will be to infuse math into technology in this class?

☐ Very Difficult   ☐ Difficult   ☐ Neither easy nor difficult   ☐ Easy   ☐ Very Easy