

Spring 2011 Teacher Training Workshop Series

Registration Form

Name: _____		
Current mailing address: _____ _____		
Work: _____	Home: _____	Cell: _____
Email: _____	Current occupation: _____	
Where did you learn about this workshop? _____		
Are you a:	Returning participant	New Participant

Teaching Experience: *(skip if you are returning, unless there is a change since your previous participation)*

School: _____ When: _____

Subject: _____ Class Load: _____

School: _____ When: _____

Subject: _____ Class Load: _____

School: _____ When: _____

Subject: _____ Class Load: _____

Personal Interest:

Are you currently a licensed teacher in teaching Chinese? Yes No

Are you currently a licensed teacher in any subject field? Yes _____ No

Are you interested in obtaining a teacher license? Yes No

What do you do now, other than participating in our workshops, for continuous professional development?
