

**Applicant's Confirmation:** This document serves as a contractual agreement between the NSF BEST Center, the workshop applicant, and his/her institution.

I understand that if I am chosen and agree to participate in the BEST Center workshop, I shall commit to:

• Prepare for the workshop by completing readings and assignments
• Participate in group activities and projects during the workshop
• Develop an implementation plan for curriculum/lab development during the workshop, with 3-month, 6-month, and 1 year goals for implementation
• Implement, to the best of my ability, the 3-month goals set during the workshop, or provide information about how the implementation plan and schedule have been adapted
• Participate in at least two online follow-up meetings
• Provide the BEST Center with feedback and a formal evaluation of the educational impact of the workshop (including student assessment and demographic information).

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean or Supervisor's Confirmation:**

I have reviewed my faculty member’s application for the BEST Center Workshop and fully support his/her participation. I understand that during the upcoming school year, my employee 1) might apply a teaching and learning strategy that is related to the Workshop and appropriate to his/her teaching assignment and students, 2) provide the BEST Center with aggregate, anonymous, demographic information on students impacted, and 3) present to colleagues about the BEST Center program.

Dean or supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (phone and e-mail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We welcome your questions about this workshop. Contact the following:

* Peter Crabtree, BEST Center Principal Investigator, at pcrabtree@peralta.edu or
* BEST Center staff at laneyECT@gmail.com, 510-464-3240.