

V. Activities

A. Identification of SECME team members in school:

1. SECME school coordinator(s): _____

2. Names and roles of team members (principal, counselors, other teachers, media specialist, etc.):

Team Member

Role

B. Method(s) of infusing diverse instruction: _____

C. Method(s) of interdisciplinary curriculum and team planning:

D. Identification and follow-up of SECME students:

1. Criteria used in selection: _____

2. Process for following up on students' academic progress: _____

E. Guidance and motivational activities:

1. Parental involvement: _____

2. Career counseling: _____

3. Field trips: _____

4. Club activities: _____

5. Speakers, films, videotapes, etc.: _____

6. Engineering, mathematics, science fairs, tournaments, Olympiads:

7. JETS: _____

8. Recognition activities: _____

9. Role models and mentors: _____

10. Programs with feeder schools: _____

11. Involvement with professional organizations: _____

12. Career exploration: _____

13. Technical portfolios: _____

F. Enrichment and instructional programs:

1. Integration of curriculum materials: _____

2. Use of the computer as an instructional tool (email, Internet research, SECME Website): _____

3. Hands-on activities: _____

4. Study skills and time management: _____

5. Oral presentations: _____

6. PSAT/PACT/ACT/SAT/NEAS participation: _____

G. Means for generating community, university and industrial/business support:

VI. Projected timeline and calendar of events:

<u>Month</u>	<u>Event/Activity(s)</u>
August	<hr/> <hr/>
September	<hr/> <hr/>
October	<hr/> <hr/>
November	<hr/> <hr/>
December	<hr/> <hr/>
January	<hr/> <hr/>
February	<hr/> <hr/>
March	<hr/> <hr/>
April	<hr/> <hr/>
May	<hr/> <hr/>
June, July	<hr/> <hr/>

SECME Elementary School Membership Application
Year _____

Last name _____ First name _____

Home address _____

City and zip code _____

Home phone number _____

Emergency contact/phone number _____

Grade level/Age _____

Ethnic background/Gender (e.g. W/F) _____

Teacher Name/Room # _____

STUDENTS: PLEASE READ AND SIGN

As a SECME member, I pledge to obey the rules of SECME, listen to my SECME Coordinator, and follow the conduct code of my school.

Student signature _____ Date _____

PARENTS: PLEASE READ, ANSWER AND SIGN

Will your child be able to attend competitions on Saturdays? _____

Will you be able to assist as a chaperone on occasion? _____

Will your child be able to stay after school to prepare for competition on a day other than the regular SECME club-meeting day? _____

Will you accept the liability for any injury to your child that might occur while he/she is working on a SECME project or participating in a SECME competition? _____

Parent signature _____ Date _____

TEACHER RECOMMENDATION

I do recommend ____ I do not recommend _____ at this time.

Teacher signature _____ Date _____

(Please keep a copy for your records)

SECME Middle and High School Membership Application
Year _____

Last name _____ First name _____ MI _____

Home address _____

City _____ State _____ Zip code _____

Student number _____ School coordinator's name _____

Social security (last 4 digits) XXX-XX-_____ Birth date _____ Grade level _____

Home phone () _____ Gender _____ Ethnic background _____

Teacher name _____ Years of SECME experience _____

Previous SECME contest experience _____

Un-weighted GPA _____ Weighted GPA _____ Current math course _____

Current science course _____ Current computer course _____

Current course schedule:

Period/ Block 1 _____ Room# _____ Teacher _____

Period/ Block 2 _____ Room# _____ Teacher _____

Period/ Block 3 _____ Room# _____ Teacher _____

Period/ Block 4 _____ Room# _____ Teacher _____

Period/ Block 5 _____ Room# _____ Teacher _____

Period/ Block 6 _____ Room# _____ Teacher _____

Period/ Block 7 _____ Room# _____ Teacher _____

Period/ Block 8 _____ Room# _____ Teacher _____

Student signature _____ Parent signature _____

Date _____ Date _____

(Please keep a copy for your records)